Clinical Lecture
ON
SCARLET FEVER.

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BY

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GENTLEMEN,—Cases of scarlet fever are not usually admitted into the wards. There is, in fact, a rule of the hospital by which they are excluded, on account of the disease being contagious. But it happened, not long ago, that some cases were admitted by accident, and one child sickened of the disease while in the hospital. I shall take this opportunity of bringing those cases under your notice, together with some others, which will, I hope, impress upon your mind all the most important points to be remembered in regard of this very common disease.

The contagious diseases of this class will form a large proportion of the acute diseases you will see in your after-life, and it is unfortunate that the great hospitals afford you no opportunity for studying them clinically. And this consideration makes me especially desirous of lecturing to you on these cases.

To-day I shall refer to cases in which the scarlet fever was free from complication, though the general disease—the scarlet fever—ranged in degree from a most trifling affection to one grave enough to kill. The disease in all these cases, however, was scarlet fever pure and simple, the throat affection even being trifling in degree. I will first read to you the abstracts of some cases.

A child eight years old was in the hospital, when, on Sunday, Nov. 15th, she complained of not feeling well, and was feverish; her skin, that is to say, felt hot, and her throat was sore. In the evening of the same day her neck and face were very red, and on the next day, Monday, she was covered with the scarlatina rash. The tonsils were then bright red and swollen. Her temperature was 101·2°, three degrees higher than in health. On the Wednesday the rash was almost confined to the trunk and legs—i. e., it had faded on the upper part of the trunk and the upper extremities, and had spread downwards to the legs. Her tonsils were still swollen, though no longer red; her temperature was 100°. On the Friday the rash had almost disappeared from the legs, and on the Saturday it had gone altogether. Her temperature, however, was still 100°, and it continued at that height till Monday, after which it became natural. Her skin was now quite dry and harsh, and there was slight desquamation of the cuticle—that is to say, a separation of the epithelium. This girl affords us a typical case of mild scarlatina.

I will now read to you another case of the same kind. This patient was also a girl, and of the same age. On a Saturday she complained of sore-throat; on the next day, the sore-throate ontinuing, she was very chilly. On the Monday she had a rash on the face, neck, and chest. On her admission into the hospital these parts were covered with a brilliant scarlet eruption, somewhat elevated, and punctiform. On pressing the skin, the redness disappeared, returning when the pressure was removed. The temperature of this girl was also 101·2°, three degrees higher than natural. This was on the third day; for she was taken ill on the Saturday, and in these diseases we always reckon the day on which patients were taken ill as the first day. On Tuesday, the fourth day, the rash was less brilliant on the neck, face, and chest, but was very brilliant on the abdomen and legs, again spreading downwards. The tongue was covered with a thin white fur in the centre, but it was red at the tip and edges, and the papillæ were very prominent. The throat was very painful, and the soft palate and the fauces generally were much redder than they should be. The uvula was large and somewhat œdematous—i. e., its loose cellular tissue was the seat of effusion of serum. The tonsils were swollen, but there was no exudation upon them. The temperature was 100°. The glands at the angle of the jaw were large and tender. On the Wednesday the rash on the legs was darker, more dusky, and more patchy. The temperature was now only 99·8°, still, however, decidedly higher than normal. On the Thursday the rash was almost gone, and desquamation had commenced. The tongue was clean, but red. One tonsil was still swollen, but the child had no soreness of throat. On Friday, the seventh day, the skin of the legs was still dusky, but desquamation was progressing; the abdomen felt rough; the temperature was 98·6°, nearly natural. The child was well. There was no albumen in the urine at any time. The pulse was at first a little more frequent than natural, but in neither of these cases was there any other point which it is important for you to know.

Here, again, is the note of another case, very like those I have related to you, but in one particular a rare case. I have seen several such, and believe they are more common than is supposed. It is a case of relapse; the patient had scarlet fever twice in a short time.

A young woman, twenty years of age, was not quite well on a certain Friday, and on the Saturday she had sore-throat, and also a symptom which I have not yet mentioned to you, vomiting—sore-throat and vomiting. On the Sunday, Monday, Tuesday, Wednesday, Thursday, and Friday, she was covered with scarlet-fever rash. On the Saturday the throat was well, and by the Sunday there was no trace of the rash. On the Sunday following she was considered quite well. This was May 7th. Now, on Friday, the 19th of May, nearly a fortnight after she was considered quite well, and nineteen days after the disappearance of the rash, she again felt poorly, and complained of frontal headache and nausea. On the Saturday she had sore-throat, and the same evening the punctiform scarlet-fever rash again came out. On the Monday there was an abundant rash and sore-throat. On the Tuesday the rash was growing faint on the trunk, but was fully out on the lower extremities. There was no more complaint of the throat, and the young woman rapidly recovered. As a rule, the second attack runs a short course; but I have seen a patient die in the relapse.

You will note in all these cases, which are simple scarlatina, that the illness came on abruptly; the patient "took ill" at once. In all of them, too, the first symptom was sore-throat. That was the first thing definitely complained of. This is especially the case in adults; but you have here two children, whose first complaint was of their sore-throat. The suddenness with which scarlet fever often commences is well illustrated by the description which a patient once gave me of its commencement. She said: "I was quite well when I went downstairs to fetch some water. Crossing the yard, I felt my throat was sore." That was the first intimation that she was ill. Then rapidly follow the other symptoms.

Another symptom present in one of our cases, and which is very commonly one of the first symptoms, especially among children, is vomiting. Vomiting, when very severe and frequently repeated, is said to indicate that the throat will suffer severely, and certainly I have seen some cases which support this opinion.

Another common symptom which you have heard mentioned is frontal headache. In the whole class of diseases of which scarlet fever is a type—viz., the acute specific diseases, headache is common, and it is nearly always frontal. Why it is so I don't know. It has nothing to do with the mucous membranes of the frontal sinuses, though it used to be thought that it had. There is the same headache in typhoid fever, which does not specially affect the mucous membrane of the nose or pharynx; the same in typhus, and in all these diseases. Febrile disturbance with frontal headache should at once awaken in your mind the suspicion that it is with one of the diseases of this class that you have to do.

Again, in all these cases there was at the early part of the illness a little sense of chilliness. That is common. Much more rarely the patient has rigors—distinct shiverings—at the onset of the disease.

The temperature at the onset was not taken in any of our cases. Public institutions do not afford an opportunity of taking the temperature at this early period—the first day.

But if you do take it then, you will find it very distinctly elevated—100° or 101°, or more; and the higher the elevation on this first day of illness, the more probable it is one of these acute specific diseases.

Those, then, were the first symptoms of illness in the cases I have related. On what day did the rash appear? In one of them there was some redness of the face on the first day, and on the second day the rash was out. In another, it did not appear, or we had no evidence that it appeared, until the third day, when the child came into the hospital. The upper part of the abdomen was then, however, covered, so it is probable that it appeared on the preceding day. Thus in each of these two cases it is probable that the true rash came out on the second day. In the case of the young woman, although she was not very well on the Friday, the sore-throat did not begin until the Saturday, and so that was really the first day of the scarlet fever, and her rash was out on the Sunday—the second day. Again, in her next attack she had the sore-throat on the Saturday, and on the Monday she was covered with an abundant rash. Thus in all these cases the rash probably appeared on the second day of the throat affection.

The second day is the common day for the rash to appear in scarlet fever. In the great majority of cases, the patient having sore-throat on the Monday will have the rash out on the Tuesday. Though the second day is the usual date for the appearance of the rash, it is not uncommon for it to be out on the evening of the first day. Now and then it does not come out till the evening of the fourth day, and rarely it does not appear for a week. On any day, then, during the first week the rash may come out. It is said that it sometimes appears later still.

Remember, then, the second day for scarlet fever; the third day for small-pox; the fourth day for measles; the fifth day for typhus; the eighth day for typhoid fever. Those are the typical days. There are frequent deviations, however, in all excepting small-pox, the rash of which very constantly appears on the third day.

The rash in scarlet fever first appears, as it did in these cases, about the neck. Rarely there is a little flush about the face, but the true rash appears about the root of the neck. If you suspect scarlet fever, if the patient is hot and has scarlet lips and a little sore-throat, you throw back the clothes and look for rash at the root of the neck. In measles, you turn back the hair, and look at the margin of the hairy scalp for the first appearance of the rash. In small-pox, the eruption appears first about the upper lip and nose, the centre of the face. In typhoid fever, on the abdomen and thorax. In typhus, the place where the eruption occurs the earliest is often on the backs of the hands, but it occurs also on the trunk.

Note the characters of the rash. It was punctiform. This is its character. It comes out in little scarlet dots, which become more and more numerous till they unite, and the whole surface is bright scarlet. The parts which constitute the dots are the most vascular parts of the skin, the papillæ, and the orifices of the follicles and of the sweat-ducts. The rash is most abundant and darkest where the skin is roughest, on the outer aspect of the limbs. In addition to this scarlet rash, not unfrequently there are a few petechiæ, and that in cases running a perfectly satisfactory course. There are a few extravasations of blood into the substance of the true skin just under the cuticle. These occur most commonly where the skin is the thinnest and most delicate, as at the flexion of the arm. I mention the occurrence of these petechiæ for the benefit of the younger of you, who may think, when first they see a case of scarlet fever with some petechial spots, that the patient is about to be very ill.

So much for the appearance of the rash. Now for its progress. It begins, as I told you, at the root of the neck, and it spreads downwards over the arms and trunk. The parts most affected are usually a little swollen—the hands, for example, are a little puffy. The rash then spreads down to the legs, fading at the upper part of the body, just as it did in the cases I read to you for the purpose of impressing this fact on your memory. It passes down and goes out by the toes, if I may use the expression.

I told you that the rash usually appeared on the second day of illness. On what day does it disappear? The rash disappears, even from the legs, in a typical case, by the seventh day of illness. You may say that it has a course of about a week from the first day of illness. In our cases it disappeared on the sixth or seventh day of the fever. In some books you are told that the rash disappears earlier, in some later; but you will find the seventh day a convenient day to remember. Other days, all being common, are the sixth, eighth, and ninth. Supposing the patient to have sore-throat on a Monday, the rash would probably be gone by the Monday following. It might disappear on the Sunday, or continue till the Tuesday or even longer, though that is unusual. Now and then it disappears on the fifth day; now and then it continues till the tenth day, and in some cases it has continued even up to the fourteenth, fifteenth, and sixteenth days. Do not forget this. I have seen such cases myself, and so have most persons who have seen a great many cases.

Desquamation was mentioned as following the disappearance of the rash. Desquamation is the separation of the cuticle, of the epidermis. It commonly begins to separate from the neck, and sometimes will have separated there as a little furfuraceous, branny desquamation at the time the legs are covered with the rash. Sometimes there will be no desquamation for some days after the disappearance of the rash. It is said usually to occur during or soon after the subsidence of the rash, within a week of its disappearance. Now and then, however, a longer time elapses before desquamation commences.

The patient is often, even in the most simple form of scarlatina, when the rash is at its height, pretty thickly covered with sudamina and minute miliary vesicles. Where these have been present the desquamation commences very early, and is very abundant. It is commonly stated that the desquamation is the throwing off of a poison by the epidermis of the skin. I see, however, no ground for believing this. It seems to me that the desquamation is rather due to a certain degree of effusion beneath the cuticle. With a lens you may often find innumerable vesicles where with your hand and naked eye you could detect none. I believe that the real cause of the desquamation is this subcuticular effusion of serum. We have evidence of the occurrence of effusion into other tissues in the slight swelling of the hands, so common during the disease.

If the desquamation is delayed, it is very common to find the first evidence of it about the roots of the nails. Where the rash was very slight, where perhaps the patient was supposed to have had no rash at all, you may often know that the disease was scarlet fever by that condition. Perhaps one member of a family has had sore-throat, while the others have had scarlet fever; that one was poorly, but you did not think that he had the disease. About a week or ten days after the cessation of the illness a little opacity of the cuticle round the root of the nails may be noticed, and then a little peeling there. That is almost conclusive evidence that the illness was scarlatina. Do not forget this. It has often served me in good practical stead in determining the nature of an illness.

The desquamation lasts, as a rule, about eight days, or a little longer. From eight to fourteen days is the common period; but occasionally it is a long time before the whole of the cuticle has separated—a month, six weeks, or even two months. The thick cuticle on the soles of the feet may be peeling long after the desquamation on the rest of the body has ceased—when the patient is perfectly well, and has been walking about perhaps for some time. This was strongly impressed on my mind not long since. A gentleman came to me who was invited to stay at the house of a friend. He said, "You know I have had scarlet fever; but it is two months ago. Am I safe from giving the disease to anyone else? I ought to tell you that the skin has not yet finished coming off the soles of my feet." I examined his feet, and, finding his statement correct, forbad him going; for I thought he might still communicate the disease.

The desquamation, then, may be so slight as to be perceptible only about the root of the nail, or it may be so considerable as to cover the whole place with dust every time the patient shakes himself.

The lips are always scarlet in the earliest stage of scarlet fever, and this fact often gives an importance to the state of the throat. The tongue, as a rule, is also bright red, especially at the tip and edges. The papillæ are large, and stand out from the thin white fur with which the dorsum of the tongue is covered, just as you heard in the description

of one of our typical cases. As the disease progresses the fur disappears, and then (as there was in one of our cases) a bright-red tongue, the epithelium having been thrown off.

The soft palate and the uvula and the tonsils are also bright red, the tonsils being swollen. The redness in the early stage is distinctly punctiform, and then the spots coalesce. You may sometimes see that the arches of the palate are vivid red, while there is punctiform redness on the hard palate. The mucous membrane partakes of the eruption of the skin. It often does so in measles likewise; the inside of the lips and the hard palate being covered with eruption identical with that on the skin. I told you that the eruption in measles occurs on the fourth day; but on the second or third day, a day or two before it appears on the skin, the eruption may occasionally be found on the mucous membrane.

In one of our cases it was noted that the glands at the angle of the jaw were swollen and tender. This is according to rule. There is usually a little affection of the glands which receive the absorbents from the soft palate and tonsils. The affection of the throat is the cause of the swelling of the glands. If the throat were not affected the glands would not be swollen. We shall see presently that this is a point of considerable practical importance, and of a good deal of pathological interest. People speak of the scarlet fever process affecting the glands. It is not the scarlet fever process in the ordinary sense of the word—i. e., in the same way that the scarlet fever process affects the soft palate and the skin. The lymphatic glands are affected secondarily to the throat, in consequence of the absorption of something from the surface of the mucous membrane; as much as a bubo in gonorrhœa is the result of the disease of the mucous membrane of the urethra; as much as a bubo in the groin, below Poupart's ligament, after a man has hurt his toe, is the result of the injury to the toe; as much as the swelling of the axillary glands, following a puncture of the finger, is the result of that puncture. You know it is very rare indeed for primary inflammation of the lymphatic glands to occur.

Then the temperature. You notice that it never reached any great height in these cases—100°, 101°. In very severe cases it is often much higher—104°, 105°, 106°.

It is common in cases as mild as these to have a little wandering at night, a little mental disturbance; and very rarely, even in a mild case, on the date of the appearance of the eruption there is an attack of convulsions.

The pulse in our cases never reached 120. It varied from 80 to 100. In scarlet fever the rule is that the pulse rises to a certain degree of frequency, and then goes down from that point. It does not, as in typhoid fever, go up and down, in one part of the day 120, in another 90, and the patient neither better nor worse—i. e., you could not say, because his pulse was less frequent, that he was better, or worse because his pulse was more frequent. In scarlet fever the pulse steadily rises, and then, if there is no complication, steadily falls.

In all the cases I related to you the constitutional disturbance was very moderate, and the local specific processes—that is, the true scarlatinal processes in the throat and skin—trifling. Bear in mind, however, that in all the scarlet fever group—the acute specific diseases, typhoid, typhus, measles, scarlet fever, small-pox, erysipelas,—in all this group there is no necessary relation between the severity of the local specific processes and the severity of the general disease, or between the severity of the general disease and that of the local processes. In our cases they were both mild. If there be a very severe local affection the patient will have a secondary constitutional disturbance due to the local process. If he has a bad sore-throat, he will have a constitutional disturbance dependent on the sore-throat, superadded to the constitutional disturbance of his scarlet fever. But he may have the most intense general disturbance and very little local specific process; the constitutional may be most severe when the local is trifling. The patient may die of the constitutional disturbance when the local process is trifling.

Thus, a man was admitted into this hospital, aged sixty-three. He had been the subject of much mental depression and anxiety. He had for some time lived and slept in the same room and on the same bed with his two children and their mother, all ill with scarlet fever. This man, after he had thus lived and slept in this way for seventeen days, began to complain, on a Sunday, of sore-throat; and on the next day (Monday) he was brought to the hospital insensible. He went in the morning to his place of business, and while there became insensible. When admitted here his respirations were 44; his pulse could not be felt; the surface of the trunk was mottled dusky-red; the outer and posterior aspect of his arms was dusky-red—just the part where the scarlatina eruption occurs and goes most deeply, where the skin is roughest. He rallied about an hour after his admission, so far that his pulse could be counted: it was then 120. His tongue was dry, glazed, and brown. Two hours later there was more duskiness and numerous petechiæ, not merely at a particular part, but over the skin generally. He died at 3 A.M. on the Tuesday. On the Sunday he had sore-throat; on the Monday he was taken at once with the active poison; and on the Tuesday, at three o'clock in the morning, he was dead. After death, what did we find? Numerous subserous and submucous petechial spots under the endocardium, under the pericardium, under the pleura, under the peritoneum, under the mucous membrane of his stomach, under the mucous membrane of his bowel—everywhere small extravasations of blood. His tonsils were large; there was vascularity of the pharynx; and his spleen was enlarged. That is one of the features of scarlatina; as it is of all these diseases—typhoid, typhus, measles, small-pox, scarlet fever, erysipelas: in all there is softening and enlargement of the spleen.

We examined this man most carefully. I have here long notes of the state of every organ in his body, the microscopic as well as the naked-eye appearances of each; but we failed to discover anything more than I have mentioned to you. He died from the poison of scarlet fever. There was no lesion of the heart, brain, lungs, or kidneys, to account for his death; he died from the general condition.

Again, a young woman, aged twenty-one, had been ailing for a time with some soreness of throat, sometimes better, sometimes worse; but she had been subject to sore-throats, and not much importance was attached to this particular attack. On Monday, June 10th, she felt ill, and had increased soreness of throat, but was still able to go out. She passed a restless night, and was decidedly ill on the morning of the next day (Tuesday). On the Tuesday night she was very bad, tossing about, but not delirious. On Wednesday, however, she was violently delirious; several persons were required to keep her in bed. All that night she was violently delirious. On Thursday morning she was insensible; and on Thursday afternoon I saw her. She was then lying on her back, inclined to the right side, resisting all efforts to move her. Her conjunctivæ were considerably injected, as they are in all these cases. It seems as if the capillary circulation generally were in some way interfered with; all the vessels are loaded with blood, and very little circulation going on. Her pupils acted but little. She muttered incoherently, but was quite unable to be aroused so as to exhibit consciousness. She passed urine into the bed freely. There was a thin sero-purulent discharge from the nose and ears. There was no swelling of the glands. She had a dusky-scarlet rash on the trunk and upper extremities; none on the lower. Her pulse was 180, very weak. Subsequently she became again violently delirious, and died at 10.30 P.M. She was taken ill on the Monday, and died on the Thursday night. At the post-mortem, nothing more was found than in the last case.

Another case of the same kind. H. B——, a very fine young man, six feet high, and broad and large in proportion. We could get no history of his illness, but he came under observation on October 13th. He had had no sleep on the preceding night, and when I saw him he was delirious, leaving his bed and wandering about the ward. He said that he had been in the hospital four days. Note that in the whole group of these diseases there is a tendency on the part of the patient to lengthen time. He nearly always thinks it is a longer time since you saw him last than it really is. Everything seems long to him. It is not so in some other acute diseases—in pneumonia, for example; but in this class of diseases—the acute specific—although the patient answers you quite rationally, and tells you correctly the day on which he came into the hospital, he thinks he has been in a much longer time than he really has.

The expression of this man's face was natural. He had no headache. He was able to leave his bed alone and easily,

His tongue was moist and furred, not particularly red. He complained of some soreness of the throat, but swallowed without any difficulty. He had no cough. His skin was hot and moist, and covered over the chest and abdomen with a bright-scarlet rash, which disappeared on pressure. On the arms, legs, back, and beneath the clavicle the rash was more dusky; and, after pressure, minute purple spots (petechiæ) were perceptible over the whole of the body. On the night of the 13th he was violently delirious; a man had to be with him to keep him in bed. He was restrained with difficulty, bit and struggled with great violence. At five in the morning he became quieter, his breathing became difficult about six, and at half-past eight he died.

On the 13th the rash had not spread to his legs, so that we may suppose that he had not been ill above four days. His post-mortem examination was made, and, as he died in the hospital, it was made very carefully. The notes of it, which I have here, occupy eight closely-written quarto pages. I am not going to read them to you, for all that we found was just what we found in the last case—petechial spots under the mucous membrane of the stomach and the bowels, under the endocardium, under the pericardium, under the pleura. There was a little recent lymph at the base of the lung, probably of only a few hours' duration, and a spleen which weighed a pound and a half. There was a little congestion of his lung, such as might have resulted from his struggles; but beyond these appearances we found nothing.

Here is another case. A young man came under my care with a very little sore-throat, but covered with the rash, and with considerable febrile disturbance. After a violent fit of delirium, he sank exhausted, with a frequent, feeble pulse. He died in half an hour from the time he was running furiously about the ward. After death the appearances we found were precisely what I have described to you—enlarged spleen, subserous and submucous petechial spots, and that was all. In these cases of death from the general disease, you will have observed that in several there was a full, free, and even bright rash.

Sometimes, in place of the rash being bright red, it is more dusky. I told you it was dusky over part of the skin in one of the cases I have described. Sometimes there is more congestion of the lung. Sometimes, instead of violent delirium, there is muttering delirium. The girl, I told you, had muttering delirium, and then became violent again. Thus there may be extreme prostration instead of active delirium, or active delirium followed by extreme prostration. I have no account of the temperature in these cases, but it has been taken in similar cases, and has been found, it is said, to be high, very high; not, however, equal, so far as I am aware, to that which has been met with in acute rheumatism, but 104°, 105°, 106°. Some have supposed that in these cases the death is due to the high temperature. I am doubtful of that, myself, in scarlatina. I think that the death is due to the changed condition of blood. It is evidently very much changed, from the occurrence of the petechiæ; and the change in the tissues is dependent on the change in the blood. More observations on the temperature in these cases are required before its influence can be clearly admitted.

There are two other forms of scarlet fever where there is only the general affection, to which you ought to have your attention directed: both are very mild forms. One of these is scarlatina without inflammation of throat—*scarlatina sine angina*. I doubt its existence; that is all I can say about it. There are cases without soreness of throat, but if you look into the throat, in all the cases I have seen, there is distinct redness and swelling of the tonsils, at any rate—considerable abnormal vascularity of the fauces and pharynx. I have often known patients to say they had no sore-throat, but when I have looked I have always seen abnormal vascularity. So I do not believe in scarlatina without any throat affection.

The other form is scarlatina without any eruption. About this, too, I have some doubts. Of the other I speak from having seen a large number of cases in which the patients have vowed that they had no throat affection at all, and yet I saw it. The subjective symptoms were absent, the objective were present. But it is difficult to prove the absence of the eruption. Certainly people sometimes have the disease with a very little and a very transient eruption, just a little scarlet blush, lasting a few hours, and probably there are some cases in which there is none.

Thus I have described to you cases of that form of scarlet fever in which the disease is the poisoned state of the system only, and I have described cases illustrating varieties of this form of scarlet fever, from the mildest to the gravest. In no case mentioned to-day was there any grave local disease,—nothing complicating the general disease. What is the treatment of uncomplicated scarlet fever with trifling local specific process? For scarlet fever proper, for the poisoned condition of the system, so far as I know, we have no remedy. There are those who say ammonia is the remedy; there are who say that hydrochloric acid is the remedy; and so on with a variety of drugs. But at the present moment my experience tells me that we have no remedy for the general disease. We can only act upon the broadest general principles of calming the patient when excited; of stimulating him, to keep his heart beating, when he is exceedingly weak; of cooling the surface when the heat is excessive. Give him pure, fresh air to breathe. It is a disease that runs a definite course, and if you can keep the sufferers alive for a certain time they get well from that general disease which killed some of our patients. So you watch for the symptoms which threaten death, and endeavour to avert them. The very grave cases are hopeless from the first. For the mild cases little treatment is required. A cool room, light clothes, unstimulating diet, a mild aperient, a little chlorate of potash, which seems to allay the irritation or inflammation of the throat, and that is all you need do. Some give a little dilute mineral acid; sulphuric acid was all that used to be employed at the Fever Hospital when I was there. I think myself that the best is the chlorate of potash drink. I put a drachm of the salt into a pint of barley-water, and let the patient sip it down as he pleases.

You will see that it is very different when I come to speak of the complications of scarlet fever. For some of the aggravations of the acute specific process, for some of the throat affections, we may do a great deal, and there we often save life directly; but for the disease itself, that which is the root of the matter, I repeat, so far as I know, you can do nothing. By the chlorate of potash you may do something towards allaying the throat affection; by a mild aperient you may allay a little the febrile disturbance which would be increased by confined bowels; by keeping the room well ventilated you prevent any increase of fever from the room becoming too close, and its air impure. And all the time you must watch the state of the urine, the skin, and the throat. One point I desire to impress on you—namely, the great importance of changing the clothes of the patient, as well as the air of the room. The blankets of the bed should be changed frequently, as well as the body-linen and sheets.

THE CASE OF LEOPOLD I., KING OF THE BELGIANS.

BY DR. G. DE KOEPL,
FORMERLY SURGEON-IN-ORDINARY TO HIS LATE MAJESTY LEOPOLD I.

To the Editor of THE LANCET.

SIR,—I sent a copy of THE LANCET of Nov. 6th, 1869, containing the statement which appeared under Civiale's name, and against the accuracy of which I felt it necessary to enter a public protest, to Dr. G. de Koepl, surgeon-in-ordinary to his late Majesty Leopold I. I requested him, if he felt at liberty to do so, to express an opinion relative to those statements, whatever it might be; and I have received in reply a paper from him, addressed to you, for the purpose of publication, which I beg leave to forward.

I am, Sir, yours &c.,

Wimpole-street, Jan. 1st, 1870. HENRY THOMPSON.

[TRANSLATION.]

To the Editor of THE LANCET.

SIR,—The number for Nov. 6th, 1869, of your esteemed journal contains "The Case of Leopold I., King of the Belgians," drawn up by the late M. Civiale, member of the Institute, and transmitted to you by Mr. Walter J. Coulson.

The publication of that incomplete account of the calculous malady of the late King Leopold I. appears to me to have been originated less by scientific considerations than by motives of a personal nature. I propose to notice these, and to point out some inaccuracies that I cannot permit to pass without rectification. The truth above all things, and to everyone his right.

The position which I had the honour to occupy about the person of his Majesty Leopold I., during eighteen years, justifies, I think, my intervention. I have been, conjointly with Dr. G. Wimmer, the present Surgeon-in-Ordinary to H.M. Leopold II., eyewitness and earwitness of all that has passed since the commencement of the calculous affection up to the cure of the august patient. While rendering my sincere homage to the merits, to the talent and great experience of the late M. Civiale in any question of lithotrity, I must assert that nothing has justified the opinion of that celebrated surgeon when he affirmed that the bladder of the patient contained *several* calculi; and that there was "a small tumour seated near the neck of the bladder, and rather towards the right side," independently of a hypertrophied prostate. All those who subsequently explored the bladder of the late King recognised the hypertrophy of the prostate; but as to any intra-vesical tumour or tumours referred to by Civiale, and to which he attributed in great part the difficulties which opposed his treatment and caused the ultimate non-success of his efforts, no one was able to verify the presence of these tumours—neither M. Langenbeck, nor Sir Henry Thompson, nor Dr. Wimmer, nor myself. A tumour which, according to M. Civiale himself, had constituted an "organic malady" of the bladder, and which, after the removal of the last portion of stone, gave rise to no vesical symptom, but, on the contrary, permits the bladder to perform its functions properly,—the existence of such a tumour, I say, must necessarily appear at least questionable to an impartial observer. The same must be said of the multiplicity of calculi in the bladder. M. Civiale was never able to tell me why he supposed this to be the case, and nothing ever occurred to corroborate the supposition during the progress of the complaint.

I am obliged equally to rectify that which M. Civiale has written relative to the general condition of the King at the period when the operations of lithotrity were commenced. The health of the King was then very satisfactory. It became more and more deranged as the surgical treatment progressed. It was not until after the 14th April, 1862, that the most threatening complications occurred; such as pneumonia, uræmic symptoms, rigors, loss of appetite, loss of sleep, frightful pains about the bladder, considerable prostration, &c. With this category of symptoms, M. Civiale found it necessary to depart from his principle of "renouncing lithotrity and substituting lithotomy" when "the manipulations cause much irritation, when the sittings are followed by rigors and fever." I believe that I should hazard the opinion, that M. Civiale sinned by excess of prudence at the outset of his treatment; and that which he has written relative to the first period of his treatment confirms this idea. From the 1st March to the 13th April there were six sittings. Nothing extraordinary happened. The proceedings were well borne; and the general health, which had been shaken, began to improve, dating from the time of the first sitting. If Civiale had turned to account these six weeks, if he had made the sittings more frequent and more efficacious, if he had availed himself of the tolerance of the bladder as well as of the heroic courage of the patient, he would probably have prevented some of his Majesty's sufferings and dangers, and might have ensured a success which would have made it altogether unnecessary for him thus to publish the case. Precious time being once lost, M. Civiale could no longer do as he wished, and could only do that which circumstances permitted him to do.

On the 17th of July, 1862, Civiale made the last exploration of the bladder, and declared to the King that he found there nothing more, neither calculus nor fragment of calculus; that the King's sufferings would cease, and that his (Civiale's) mission was finished. Afterwards, alone with me, Civiale said, that when he injected the bladder, more fluid returned from it than he had thrown in; that there might be a sac, perhaps containing calculous matter, &c. This proves that there was some doubt in the mind of Civiale himself as to the absolute freedom of the bladder from any calculus or fragment there. It appears to me more than probable that Civiale was aware, at his last exploration, that there might still be a foreign body in the bladder; but, finding his efforts tending rather to produce unexpected difficulties, and some results not merely negative, he dared not, in the interest of the patient, repeat those efforts, but believed it his duty to put an end to all operations by his declaration of the 17th of July, which coincided with his last visit to the palace.

It is evident that "the case of H.M. Leopold I." has been published in order to explain and to excuse Civiale's want of success, and to prove that the calculus subsequently crushed by Sir Henry Thompson was a *new* formation, and was, consequently, a *second* calculous affection, for which Civiale could not be responsible. In order to strengthen this hypothesis, Civiale has striven to prove the cure of the King after this treatment by the fact that his Majesty was able to take part at the *fêtes* of September, and that he had received deputations from the kingdom. It is true these solemnities took place, but those who were around the King knew what he endured during and after these ceremonies, which he determined to submit to, in spite of the severe sufferings (*tortures incroyables*) which they occasioned.

M. Civiale has observed that it would also be necessary to make some exposition of the etiology of this supposed "return" (*rechûte*) of the calculous affection after a surgical treatment of four months and a half—viz., from the 1st of March to the 17th of July, 1862. It is for this, indeed, that he insists, in his letter of August 2nd, upon the danger of suspending the injections. But it is quite certain that these injections were practised every day, and sometimes more than once a day, without interruption, up to the cure of the affection, and even afterwards. If Civiale writes that his letter of the 2nd of August was never answered, it must be an error on his part, for on the opposite column of THE LANCET appears the following:—"On Sept. 22nd Dr. Koepl wrote: The King will proceed in state to Brussels on the 24th; his general health is very good, but I cannot say the same for the condition of his bladder."

The history of the "third period of the case," which, according to its author, comprises the supposed "return" of the malady, is the most feeble part of Civiale's defence. The truth is, that *all the painful symptoms of the stone continued, without any notable change*, after the declaration of Civiale that there was no longer anything in the bladder, and that his mission was accomplished. The symptoms augmented, and at length became so violent that his Majesty summoned Prof. Langenbeck from Berlin towards the end of December, 1862—five months, and not "nine months," after the last visit of Civiale. Without entering into details—which I reserve for any future communication if necessary,—I limit myself to pointing out that the illustrious Berlin surgeon verified the presence of a calculus, but he could not, in spite of his dexterity, and in spite of repeated efforts, free the august patient from his stone, which rendered existence insupportable. After Langenbeck's attendance, which terminated on the 27th of March, 1863, there was no change in the King's condition; none in his sufferings, nor in the condition of the urine, nor in the general condition of the system; there was nothing but despair and—resignation. In this situation Sir Henry Thompson was called. He can publish, if he thinks it desirable, the result of his explorations, the details of his operations, and his remarks upon them. For my part, I wish to be only the faithful reporter of the result obtained.

Sir H. Thompson practised three short sittings of lithotrity, which were followed by the expulsion of a large quantity of phosphatic *débris*, identical with that which Civiale had obtained by his operations. These three sittings, made by Sir H. Thompson on the 6th, 10th, and 18th of June, 1863, had the following result: the consecutive, and soon complete, cessation of all pain before, during, and after micturition, the disappearance of every vesical symptom, a healthy state of the urine, and the complete cure of the calculous affection.

If the publication of "The Case of H.M. Leopold I." had for its object to lessen the merit of Sir H. Thompson, to whom exclusively belongs the honour of having cured the august patient of stone in the bladder, I am compelled to oppose myself with all the force of truth to this design. M. Civiale crushed a stone for the King without obtaining a cure; Sir Henry Thompson cured the King by crushing

the calculus he found. It is this which constitutes the difference in the results arrived at by the two surgeons respectively. Whether this latter calculus was a fragment which escaped the experienced hand of Civiale, or whether it was the product of a new formation, makes no change as to the fact of these results; but it still remains that Sir Henry Thompson put an end to the cruel sufferings of the King, which M. Civiale was never able to accomplish. I have already established in this letter my incredulity as to the supposed "return" of the calculous affection, on which Civiale insists so much. Langenbeck, Thompson, and Wimmer all joined in that opinion; and I have not the slightest recollection that they ever considered the calculus, which was the object of their operations, as a "return," or as a new formation.

There is a passage at the end of Civiale's paper which demands especial remark from me. It is there said, "In order to calm the apprehensions of the King, he was given to understand that the stone was merely a fragment which had remained behind since the former operation, and had become fixed in the walls of the urethra." This is inaccurate and incomplete. King Leopold I. was not a man one might dare to soothe by questionable statements. His Majesty had, in truth, after the departure of Civiale, a fragment embedded in the superior parietes of the urethral canal; but, independently of this, we never concealed from his Majesty the real state of affairs as regards the bladder.

All that I have related in this letter of "the case of King Leopold I." cannot, as far as regards the facts, be contradicted by those who had the honour to surround his Majesty during his illness, or those who have been in communication with his Majesty by writing. I might call to witness Sir James Clark and Sir Wm. Jenner among his physicians, as well as many other persons not belonging to the medical profession. As to the opinions I have here expressed, they may be erroneous, but they result from my convictions.

I beg you, Mr. Editor, to accept the expression, &c.,

DR. G. DE KOEPL,
Formerly Surgeon-in-Ordinary to his Majesty Leopold I., King of the Belgians.

Graz, Austria, December, 1869.

Dr. Wimmer, Physician-in-Ordinary to his Majesty Leopold II., who was associated in attendance on his late Majesty throughout the whole case, having carefully perused the above, writes to signify his entire assent to all therein contained.

ON THE

EFFECTS OF THE ANTISEPTIC SYSTEM OF TREATMENT UPON THE SALUBRITY OF A SURGICAL HOSPITAL.

BY JOSEPH LISTER, F.R.S.,
PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

(*Concluded from p. 6.*)

BUT, returning from this digression, I must now speak of pyæmia after the major amputations, before and after the introduction of the antiseptic system.

The hospital records are unfortunately imperfect for one of the three years immediately preceding the antiseptic period. In the other two years, the mortality after amputations in my wards may be gathered from the following tables:—

Before the Antiseptic Period.

1864.

Seat of Amputation.	No. of Amputations.	Recoveries.	Deaths.
Shoulder	1	0	1
Arm	3	1	2
Forearm	3	2	1
Thigh	1	1	0
Leg	4	3	1
Knee	2	1	1
Ankle	3	2	1
Totals	17	10	7

1866.

Arm	2	1	1
Elbow	1	0	1
Forearm	2	2	0
Thigh	4	0	4
Knee	6	4	2
Leg	1	1	0
Ankle	2	1	1
Totals	18	9	9

On the other hand, we have—

During the Antiseptic Period.

1867.

Seat of Amputation.	No. of Amputations.	Recoveries.	Deaths.
Arm	1	1	0
Forearm	2	2	0
Knee	2	2	0
Leg	1	1	0
Ankle	1	1	0
Totals	7	7	0

1868.

Shoulder	1	1	0
Forearm	2	2	0
Thigh	1	1	0
Knee	8	5	3
Ankle	5	5	0
Totals	17	14	3

1869.

Shoulder	2	2	0
Arm	2	2	0
Forearm	2	1	1
Thigh	1	0	1
Knee	3	2	1
Leg	3	3	0
Ankle	3	3	0
Totals	16	13	3

Comparing the aggregate results, we have—

Before the antiseptic period, 16 deaths in 35 cases; or 1 death in every 2¼ cases.

During the antiseptic period, 6 deaths in 40 cases; or 1 death in every 6⅔ cases.

These numbers are, no doubt, too small for a satisfactory statistical comparison; but, when the details are considered, they are highly valuable with reference to the question we are considering. This is especially the case with amputation in the upper limb, where neither injuries requiring primary amputation nor the operations involve, as a general rule, much loss of blood or shock to the system; so that, if death does occur, it is commonly the result of the wound assuming unhealthy characters. It happens that there were 12 amputations altogether in the upper limb in each of the two periods referred to. Of the 12 cases before the antiseptic period, no fewer than 6 died—a frightful mortality certainly. And it is recorded that, of those 6, 4 died of pyæmia, and 1 of hospital gangrene. Also that one of those which recovered had pyæmia; but, though the symptoms were well marked and severe, presented an example, unhappily too rare, of recovery from the disease.

Very different was the result of the corresponding amputations during the antiseptic period. Eleven of the 12 cases recovered; and the one death which did occur was not the result of the operation, but took place in spite of it, from pyæmia, which had resulted from fetid suppuration in a metacarpal bone, and continued after I had removed the hand, in the faint hope that the constitutional mischief might be thrown off when its original source had been taken away. Some of the successful cases, I may add, were by no means favourable subjects for operation: as, for instance, a completely shattered hand in a very aged person; the avulsion by machinery of nearly the entire arm, one of the flaps of the amputation at the shoulder-joint being left contused and lacerated as it had been formed by the injury;*

* This case was treated by my colleague, Dr. Dunlop, during my temporary absence.

and, again, an enormous osteoid cancer of the upper end of the humerus, involving the deltoid muscle, and permitting only the formation of skin flaps, attended with profuse hæmorrhage, in a patient already anæmic from the disease.

In the lower limb, 28 amputations in all were performed during the antiseptic period. Out of these, death took place in 5; but was generally sufficiently accounted for by the severity of the case, as when the thigh was amputated immediately below the hip-joint in a patient greatly exhausted by hæmorrhage from malignant disease; or, to take another example, when primary amputation was performed at the knee on one side, and immediately below it on the other, in a man who had sustained very severe injuries to both legs, and had been transported a considerable distance by railway to Glasgow.

In one case only did pyæmia result from the operation—viz., after amputation at the knee in a young man of weakly constitution, where putrefaction occurred in the stump through mismanagement. Here the symptoms of pyæmia presented themselves during life, and the femoral vein was found loaded with pus on dissection. When putrefaction occurs after such an operation, there is no security against pyæmia, even in private practice; and a single instance of the kind in three years, and that in a feeble subject, is certainly no evidence of any peculiarity in the hospital atmosphere.

In mentioning the fact that putrefaction occurred from mismanagement, I do not wish to be understood as implying that it can always be avoided in stumps. In the present state of surgical practice, this is far from being the case. When sinuses exist in connexion with a diseased joint, putrefaction is present in them at the outset; and even if they are injected with an antiseptic solution before the operation, it can never be certain that the liquid penetrates to every recess of these often complicated passages, or destroys the vitality of the putrefactive organisms, lurking, perhaps, in portions of lymph or slough. And if a single such organism remain alive, it will propagate and spread in the wound as soon as the antiseptic applied at the time of the operation has been absorbed into the circulation; and any external antiseptic dressing will, under such circumstances, be of course entirely nugatory. It is, I suspect, for want of bearing this point in mind that disappointment has often been experienced in applying antiseptic treatment to amputations and excisions. The full possible benefits of the system can never be obtained in such cases till it shall be deeply impressed upon the profession and the public that abscesses, more especially those in connexion with diseased joints, must never either be allowed to break of themselves, or be opened without antiseptic precautions.*

I am bound to add that there is another respect in which the antiseptic principle has not yet had justice done to it in the larger amputations in the lower limb. Of all incised wounds, these have proved the most difficult to manage; and putrefaction has repeatedly occurred in my practice, even where no sinuses were present. It was so in the two cases above referred to, of amputation just below the hip-joint for malignant disease, and double primary amputation for injury. Considering the condition of those patients on the day after the operation, I believe both would have recovered had we succeeded in avoiding putrefaction, which, apart altogether from the risk of pyæmia, terribly aggravates formidable cases, like those, by the irritation and prostration which it occasions. Hence we may fairly look for better results in the future from amputation in the lower limb. For I am satisfied that the difficulties of the antiseptic management are not insuperable. I have devoted much attention to this branch of the subject during the last twelve months, and steady progress has been made in it; so that the proportion of stumps in which healing has taken place without any deep-seated suppuration has been markedly increasing, and I anticipate that before long we shall be able to reckon with certainty on the absence of putrefaction in all cases where sinuses are not present.

But to return to the subject of pyæmia. The two cases above alluded to were the only instances of its occurrence in my department during the antiseptic period. One of them requires further notice here. It belonged to a class of injuries in which the benefits of the antiseptic system have been conspicuously apparent—namely, severe contused wounds of the hand or foot, such as are very frequent in a great centre of manufacture like Glasgow. Formerly there were no injuries more unsatisfactory to deal with. The uncertainty of the extent of the damage inflicted by the contusion made it a most perplexing question where amputation should be performed. On the one hand, if too little was removed, sloughing of the flaps ensued, or diffuse suppurative inflammation of the weakened tissues infiltrated with extravasated blood; and, on the other hand, if it was determined to avoid that error and to amputate through perfectly sound tissues, an extravagantly large portion of the limb was often sacrificed. It is therefore an unspeakable satisfaction to be able to avoid amputation altogether in such cases, merely taking away such portions as may be actually destroyed, and leaving the weakened tissues in the vicinity to recover themselves quietly, instead of perishing under the irritating and poisoning influence of putrefaction; while any dead portions that may remain are absorbed more or less completely, like the extravasated blood, and replaced by tissue of new formation. If the history of all the contused wounds of the hands and feet that have been treated in my wards during the last three years were recorded, including many compound fractures not reckoned as such in our classification and several compound dislocations, it would be enough to convince the most sceptical of the advantages of the antiseptic system.

But the case to which I am now alluding was an exception to the general rule of satisfactory progress. It was a severe injury to the hand from machinery. My then house-surgeon, who had only just entered upon his office, and had not as yet the confidence in the antiseptic system which he soon afterwards acquired, took it for granted that I should amputate the hand, and committed the error of leaving it till my visit on the following day, without adopting efficient antiseptic measures. When I saw the case I decided to try to save the greater part of the hand, and endeavoured to correct the mistake which had been made. Putrefaction, however, ensued, and after some days pyæmia occurred, and continued, as before stated, in spite of amputation of the hand. On dissecting the parts, one of the metacarpal bones was found split up, with putrefactive suppuration developed in its interior. Under such circumstances pyæmia might occur in a perfectly sound constitution and in the most healthy atmosphere, just as, in Cruveilhier's highly instructive experiment, suppurative phlebitis of the femoral vein and its branches, exactly corresponding to that which is seen in traumatic pyæmia, was induced in a healthy dog by introducing into the vessel a bit of wood which, from its porous nature, could not but originate putrefaction.*

Considering, then, the circumstances of the only two cases of pyæmia which have occurred in my department during the three years of the antiseptic period, I am justified in saying that the wards have been completely freed from their former liability to this frightful scourge.

Next of erysipelas, a disease which, though not so fatal as pyæmia, used not unfrequently to occasion death amongst my patients. During the antiseptic period several cases have been admitted into my wards from without, but one only has originated in them. This occurred in a young man with disease of the foot, accompanied by sinuses extending into the leg. I performed amputation at the ankle, but putrefaction continued in the sinuses; and after the lapse of a considerable period erysipelas occurred in connexion with them. He recovered from the complaint, and after a while went to his lodgings for change of air, with the sinuses still unhealed, and subsequently had another attack of erysipelas there, implying that the tendency to it was in his own system rather than in the locality. That such was really the case was afterwards fully demonstrated. The sinuses refusing to heal, and disease recurring in the

* The practice which I have found to answer best in amputations and excisions in parts affected with sinuses is, after injecting the sinuses with a powerful antiseptic, to apply to the cut surface a pretty strong solution of chloride of zinc (say forty grains to an ounce of water), such as was recommended by Mr. Campbell De Morgan, and then employ an external antiseptic dressing, in the hope, though never in the certainty, that putrefaction will be avoided. Chloride of zinc, having the peculiarity of producing a remarkably persistent antiseptic effect upon the cut surface, protects it during the dangerous period preceding granulation, when the recently divided tissues are both sensitive and prone to absorption; so that even if putrefaction does occur, the risk of inflammation and pyæmia is greatly diminished.

* See Cruveilhier's Anatomie Pathologique, livraison xi., where will also be found the records of important experiments, proving how readily liquids introduced into the interior of bones pass into the general circulation.

bone, he was readmitted under my care, and I performed amputation in the leg above the sinuses. The stump healed without any deep-seated suppuration, presenting a very good example of the result of a modification of Mr. Teale's method of amputation; and I requested him to ascertain, by Mr. Teale's plan of introducing circular pieces of flannel into the socket of the artificial limb, how much of his weight he could conveniently rest upon the end of the stump. As he did not call to report the result on the day arranged, I inquired into the cause, and learned that the stump had been seized with a third attack of erysipelas, although perfectly cicatrised without sinus or sore of any kind.* Thus, as regards erysipelas, our only exception to perfect immunity from the disease during the three years was one that strikingly proves the rule.

It remains to speak of hospital gangrene. This was formerly both frequent and severe amongst my patients. It often grievously marred the most promising results of surgery, and sometimes committed fearful ravages. Thus, I have known a boy admitted with a small superficial wound near the elbow, in which hospital gangrene occurring caused such destruction of tissue, deeply as well as superficially, in spite of the most energetic treatment, that it became necessary to amputate the limb. Now and then it led to a fatal result, as in one of the amputations before referred to. In that case I removed the arm at the shoulder-joint for injury in a boy, and for some time all went on well, till I regarded him as perfectly safe; but hospital gangrene came on in the stump, and, advancing insidiously in all directions, defied my best attempts to check it, and had reached beyond the sternum before the poor fellow sank exhausted from its effects.

The contrast under the antiseptic system has been most striking. For the first nine months, as before mentioned, we had not a single case of the disease. Since that time it has shown itself now and then, but in a mild form, invariably yielding to treatment, never occurring in recent cases, but only in old sores weakened by the influence of surrounding cicatrix. But even this has been very rare, and I do not recollect more than one example of it during the last year. In short, hospital gangrene, like pyæmia and erysipelas, may be said to have been banished by the antiseptic system.

Such being the case, I have insensibly relaxed in different ways my former vigilance regarding the wards. I have allowed cribs for children to be introduced without remonstrance, having practically the effect of increasing the number of beds for adults; and I have, in the pressure of deficient accommodation, often permitted two children to be put in one bed—a thing which I should formerly not have thought of. I used to make a point of having both the large fires in each ward kept alight night and day during the heat of summer, for the sake of making the ventilation as perfect as possible. But during the last season the nurses were left to follow their inclination, and keep only one of the fires lighted. I may add that my wards have remained during the three years without the annual cleaning, which used to be thought essential. On my asking the superintendent the reason for the omission, he replied that, as those wards had continued healthy, and there was nothing dirty in their appearance, it had seemed unnecessary to disturb them. Thus the wards have been in various respects subjected to greater trial than usual, and yet have remained, as I may repeat without any exaggeration, models of healthiness.

That such should have been the case under the unfavourable hygienic conditions above referred to seems at first sight very surprising. The immediate vicinity of a burying-ground such as has been described, together with the position of the wards at the base of an hospital of four stories, with the air confined by neighbouring buildings, may seem conditions utterly inconsistent with health in the patients. That these circumstances were very unfavourable is undoubtedly true; and that they were highly injurious before the antiseptic period seems clearly indicated by our experience. But a little consideration will show that it is not unreasonable to suppose them of secondary importance—as aggravators of the evil, rather than the essential causes of it. The corpses in the places of sepulture beside the infirmary were for the most part covered by at least some inches of earth, which has a most powerful effect in checking the evolution of noxious effluvia; and even the foul gases from the open pits were perpetually diluted by the air with which they mingled, so that but a small proportion of them would enter the wards; and accordingly, when the patients were cleared out for the purpose of the annual cleaning, there was nothing in the wards to offend the nose. But the emanations from sores are poured directly into the confined atmosphere in which the patients are; and anyone familiar with the faint sickly smell commonly perceptible in surgical wards under ordinary treatment, and still more with the stench which prevails at the time of the daily dressing, will readily understand that putrid exhalations from the patients may be a source of mischief, compared with which the other circumstances alluded to may be of comparatively trifling consequence.

With the object of getting rid of this great evil as much as possible, I have used antiseptic means, not only where they are of essential importance for the treatment of the individual case concerned, as in recent wounds and abscesses, but also in superficial sores. For though granulating surfaces will commonly heal well enough under a putrid dressing (for such the cleanly water dressing becomes within a few hours of its application), every case so treated furnishes its quota to the vitiation of the general atmosphere of the ward. Hence, for the sake of the inmates generally, it is obviously desirable that healing sores should be dressed with some application which, while permitting, or, if possible, favouring, cicatrisation, should prevent odour. For this purpose some dressing, unstimulating, but at the same time persistent in antiseptic action, is requisite,—a combination which I have sought in various different forms to obtain, and, of late more especially, with very satisfactory results, so that while the healing of superficial sores proceeded with greater rapidity than under water dressing, all my sixty patients might sometimes be dressed without the odour of putrefaction being perceptible in one of them.

The result of this great change has been such as to demonstrate conclusively that the exhalations from foul discharges are the essential source of the insalubrity of surgical wards; and that when this is effectually suppressed, other conditions, which we are accustomed to regard as most pernicious, become powerless to produce serious evil.

It is obvious that the facts recorded in this paper are of extreme importance with reference to the vexed question of hospital construction. With the view of assimilating the atmospheric condition of our large hospitals to that of a private dwelling, it has been lately proposed to do away with them altogether in their present form, and to substitute for them congeries of cast iron cottages, capable of being occasionally taken down, cleansed, and reconstructed,—a plan which, besides involving enormous expense, would interfere most seriously with efficient supervision of the patients, and with the teaching of students at the bedside. But from what has been related above, it is plain that no material alteration of the existing system will be required. We have seen that a degree of salubrity equal to that of the best private houses has been attained in peculiarly unhealthy wards of a very large hospital, by simply enforcing strict attention to the antiseptic principle. And, considering the circumstances of those wards, it seems hardly too much to expect that the same beneficent change which passed over them will take place in all surgical hospitals, when the principle shall be similarly recognised and acted on by the profession generally. The antiseptic system is continually attracting more and more attention in various parts of the world; and, whether in the form which it has now reached, or in some other and more perfect shape, its universal adoption can be only a question of time. The noble institutions of which our country is justly proud, admirably adapted alike for the treatment of the sick and the instruction of the student, will then be cleared of the only blot that now attaches to them,—the malignant influence of impure atmosphere.

Edinburgh, December, 1869.

* This case seems to me to possess considerable interest, as something intermediate—as it were a connecting link—between traumatic and idiopathic erysipelas.

EXPERIMENTS for ascertaining the effect of inoculation as a preventive of pleuro-pneumonia are being carried out under the direction of the Cheshire Chamber of Agriculture.

FURTHER NOTES ON PULSATING TUMOURS OF THE NECK.

BY JOHN COCKLE, A.M., M.D.,
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(*Concluded from page 7.*)

UPON one or two other points connected with the pathology of the mitral valve I would offer a few remarks; for this is the stage upon which the battles of cardiac auscultation have been principally fought of late years, and, indeed, with the one exception of sudden death in insufficiency of the aortic valves, it is here that some of the most fatal incidents of cardiac disease occur. Comparatively recently, much attention has been directed in this country to the murmur known as "presystolic," and within the last week or two it has been made the subject of a clinical lecture by the able physician of the Charing-cross Hospital. This murmur, however, was pointed out and taught by the highly-accomplished Gendrin when I was a student in Paris some five-and-twenty years ago. It has there been recognised ever since; while his "peri-systolic" and "peri-diastolic" murmurs are now almost forgotten terms.

The "presystolic" murmur is supposed to indicate constrictive disease of the left auriculo-ventricular orifice; and that it does so, when well marked, is manifest. But its value would be greater if the first sound could be heard immediately consequent, to afford the necessary demarcation. But here comes the difficulty in most cases. Although regurgitant disease may exist without contraction, contraction without some regurgitation is, to say the least, a most exceptional occurrence. I can scarcely call to mind such an example. A valve may be rigid, partially calcified, and capable of but little movement—almost fixed at an angle in the ventricle; or the valves may be fused together, forming a funnel-shaped orifice with its apex pointing downwards, and lowering the aperture of communication, as Bouillaud has so well described; or the valves, fused together, may meet at the plane of closure with a rounded aperture barely capable of admitting an ordinary quill; or the chink may be transverse and studded either with calcified spiculæ or fringed with soft and spongy vegetations, or modified in other ways. But, whatever the form, some amount of regurgitation must, *as the rule*, occur; for it is not conceivable that a constriction which would admit blood to pass under the comparatively small power exercised, even by an hypertrophous auricle, would not allow some escape back into its cavity during the systolic contraction of the ventricle. Hence, immediately consequent upon the cessation of the abrupt auricular contraction, is heard the loud, harsh, and prolonged murmur of ventricular systole—a murmur, at times, extending through the period of the lesser pause. Again, the ventricular follows the auricular contraction by an almost instantaneous and vermicular action, as if the chambers were one continuous cavity. In a scarcely appreciable fraction of time, the ventricle tightens on its blood, alters its diameters, and assumes a globular shape before it acquires impetus to force the aortic valves. During this preliminary stage, and before the ventricle has acquired the full swing of its power, if a semi-mobile valve, fixed at some angle in the chamber, existed, it is conceivable that a slight murmur or "susurrus" might be generated, instantaneously followed by the louder and harsher murmur of regurgitation. Such a murmur would, in a sense, be presystolic, and fuse into the murmur of auricular contraction. At all events, the latter murmur must, when present, be most fugitive; it could not, provided the auricles contract synchronously, exceed the period of their contraction, which Marey has experimentally shown to be so brief; and not fugitive alone, for it is most capricious in its occurrence.

From anatomical considerations, we infer that, in the physiological condition, both auricles and ventricles *must* alternately contract together; however slow the period of a revolution, or however fast, there is a perfect synergy of the muscular fibres. The chambers, in alternation, fill together and contract together, and a given repletion is, probably, the condition of their contraction. But, in some pathological conditions, when, for example, the left auriculo-ventricular orifice is converted into a narrow and unyielding chink, it seems highly improbable that both ventricles can fill during the same interval; the blood must here pass through so devious a track in a very diminished and uncertain stream into the left ventricle, and in quantity insufficient to impart the requisite distension stimulus to contraction, even under the compensating aid of an hypertrophous auricle. It is fairly outdone by its less obstructed neighbour, and, being unfilled, is later in its contraction. If this reasoning be consequent, the isochronism of the chambers being perverted, the phenomena of reduplication at the apex would be developed—or scarcely reduplication, for the later sound is a murmur; indeed, the so-called "reduplication" has been considered by Skoda as a divided rasp sound. If such perverted action of the ventricles really occurred, it might be tested by what must of necessity result, *true* reduplication of the sigmoid valves at the base; while, on the other hand, if only simple regurgitation occurred, reduplication of the base sounds only would be heard, because the ventricles would both contract together, but the aorta, receiving a diminished stream, would lag behind its more amply distended fellow.

If, on the other hand, this view of a prolonged auricular effort to fill a nearly closed ventricle be rejected, and anatomy enforces its teaching that the chambers not only do, but *must*, contract in unison, then the attempt at compensation on the part of the auricle can be of little, if of any, avail, for a sudden impulse against a nearly occluded outlet would not only react injuriously upon the impelling agent, but induce an abortive effort, a *faux pas*, on the part of the left ventricle. In simple regurgitation through the mitral orifice, the compensating hypertrophy of the right ventricle, by increasing blood-tension in the pulmonary artery and veins, may lessen the amount of the regurgitating column; but in a case of constricted orifice, such compensation is of little use, if not of positive injury. The ventricle cannot aid the left auricle in disemburdening itself of its large amount of blood, but places the lungs in the most perilous of all positions, having blood forcibly impelled into and through them against a nearly unyielding barrier, and, therefore, inducing the very worst symptoms of lung disorganisation.

I would say, then, with especial reference to these rarer murmurs and sounds, that there are accurate observations and truths embodied in the determination of all their phenomena; but they are not, in my judgment, such truths as we can often make practically available in our ordinary dealings with the diseases of the heart. They constitute the refinements of auscultation. The rarer murmurs and sounds are not only of fugitive, but of changeable character. The presystolic murmur of to-day may become systolic, or even diastolic, to-morrow. All murmurs, again, are often obscured by the bronchial râles their causes have originated. In some, also, of the most advanced stages of mitral valve disease, such is the irregularity of the heart's action, and the disturbance of its rhythm, that scarcely tone or murmur can be at all located, much less the precise moment of their production determined; all is fused into a disorderly series of almost indeterminate sounds.

Fortunately, it does not materially influence our practice to know whether the mitral orifice is preternaturally constricted, or whether it is preternaturally patent; the backward and successive steps to ill begin in both conditions from the auricle, and the ultimate results are nearly identical; for a contracted orifice stands, to the systemic system, in the relation of an insufficiency, the chief difference being that the left ventricle, at times shrunken from defective supply, cannot afford the compensating aid it does in simple regurgitation.

So that, to my mind, it is infinitely more important to discover, if possible, simply which orifice in the left chamber is really affected, or whether both are involved—more important to measure the extent and direction of the heart's increase, to endeavour to estimate the measure of its contractile power, to ascertain what amount of blood is transmitted to the systemic vessels, and to watch for the gradual transference of vascular tension from the arterial to the venous system.

With respect to the general diagnosis of pulsating tu-

mours of the neck, as I have elsewhere attempted a description, it is only left to remark that cases resembling those now described can be confounded with but few affections of the vascular system proper. Indeed, advanced senile degeneration of the ascending aorta and its arch, and ordinary aneurism of this vessel and its larger branches, are almost alone likely to offer any difficulty as regards diagnosis. Venous varix could hardly be supposed capable of being mistaken for arterial dilatation, did we not find (rarely enough, it must be confessed), that when such affection is of long standing, and the veins are tense, full of firm coagula, and their coats exceedingly thickened, they may receive an impulse from the underlying artery which might, possibly, for a time mislead. Hodgson quotes a case (recorded by Cline) where a large pulsating tumour existed in the neck, and eventually proved fatal by bursting. The sac was formed by the internal jugular vein with the carotid artery, lodged in a groove at its posterior part.

Degeneration of the arterial system is, as we know, one of the common attendants upon old age. The aorta becomes rigid from atheromatous and calcifying change; it then dilates locally or generally, and often to an extraordinary extent. But the dilatation is secondary, and is caused by the direct impulse-stroke of the enlarged heart those tubes themselves had primarily provoked. The bony arch of the aorta can occasionally be felt on pressing the finger deeply into the episternal notch. There is often marked collapse of the vessels of the neck, and frequently an intensely harsh murmur over the aorta. These local changes, however, are but parts of a more general one; the visible systemic arteries are locomotive and tortuous, their coats thickened and rigid, rolling freely under the compressing finger; and Marey has taught us how such change is further revealed in the obtuseness or prolonged level of the summit, and, as a rule, in the total absence of dicrotism of the sphygmographic tracing.

In the cases I have brought forward from time to time, the position and limitation of the external tumour to the innominate artery, its isolation as regards impulse from the greater part of the arch, as shown by the absence of pulsation on pressing down the finger behind the left sterno-clavicular articulation, the absence of *harsh* murmur over the aorta, the absence of collapse until a later period, and the absence of the signs of more general senile change, constitute points of difference. The dilatation of the aorta in these cases also, appears to me to be primary; the soft blowing murmur is for a time limited to the upper portion of the aorta, and the sigmoid valves for a time accurately close. Gradually, however, the dilatation extends to the mouth of the aorta, and the valves become simply inadequate to entirely close the enlarged aperture. Double murmur and collapse now occur, and the heart moderately enlarges to effect the necessary compensation.

Lastly, this affection is distinguished from ordinary aneurism, with which it has been at times confounded, by the intermitting character of the tumour—very expansive, tense, and liquid during arterial diastole, with perfect collapse during arterial systole,—this collapse determining the absence of clot; by, as a rule, the unchanged character of the carotid and radial pulses—if any change, the right radial for a time the stronger; also by the absence of influence upon the tumour of pressure upon carotid and subclavian arteries, singly or combined; by the absence of pressure signs of importance; by the unchanging character and apparently indefinite duration of the affection, the variations being comparatively slight; by the constant coexistence of dilatation of the aorta with eventually secondary insufficiency of the aortic valves; by the difference of treatment required; and lastly, so far as I have at present seen, by its exclusive occurrence in females of a given age—between forty and fifty years, or slightly in excess.

A FEW IDEAS ON APHASIA.

BY F. P. ATKINSON, M.B., M.C.

IN aphasia, the patient is able to make a noise with his throat, and produce both high and low notes; but he cannot utter words to express what his mind wishes. He makes an attempt to speak, but finds, from some cause or other, he is unable to do so. The tongue is not in the slightest degree paralysed, but only like a boat deprived of its rudder or helmsman. So in locomotor ataxy the legs are not paralysed, but only incapable of being moved in the direction the person wishes. Dr. Brown-Séquard relates a case of aphasia in which the patient was unable to express "yes" by holding up one finger, and "no" by two; or, in other words, where the patient showed clear evidence of being afflicted with a species of locomotor ataxy. From a consideration of these points, I am led to believe that the morbid appearances will consist of disintegration of the cells of the posterior columns of the spinal cord.

Speech appears to me to result from the mind connecting certain things with certain sounds produced by certain movements of the mouth and tongue. Those born deaf are incapable of speech, owing to their want of appreciation of sound; but they can express their thoughts by writing and by certain movements of the fingers and hands. They have the capability for speech, but, from want of the faculty of hearing, it cannot be called into action. The mind in most of these cases is perfect in every particular, consequently I believe the capability for speech is perfect also. How can a man speak, as it were, to himself, without any actual movement of the tongue and lips, if speech and mind are not intimately connected?

We see in the child the mind first coming into play, and then speech following. Without the first existence of the mind, speech is impossible; speech cannot come before the mind exists to appreciate different sounds and surrounding objects; so that in those cases where there is a decided deficiency of brain or helpless idiocy, speech is absent. Again, those who have been born blind, or become so from some accidental cause shortly after birth, are longer, I believe, in learning to speak, inasmuch as the mind is deprived of the assistance of the eye in the formation of sound. If we attempt to localise the faculty of speech, we must localise noise also, because speech consists simply of various modifications of sounds. The mouth acts in speech as the larynx in singing. The mouth makes, by instruction, several embouchures through which air is forced and various sounds produced. The mouth may be formed for the letter, but no speech is produced till there is an ingress or egress of breath. Then again, if we localise speech, we ought to find that portion of the brain in which the faculty of speech resides (say the anterior columns of the spinal cord) hypertrophied in the case of over-loquacious individuals, and atrophied in the case of those who are constantly engaged in thinking, and give little vent to their thoughts but in writing. And I should think in those cases where there is an inability to pronounce certain letters—as, for instance, "r," or the "ieu" of the French—some deficiency ought to be made out in this spot. For my own part, I consider speech as simply consisting of movements of the tongue, which are directed by the reasoning faculties of the mind—in fact, that speech is a manifestation of what the mind is; and this is apparently what most people think, since they almost always judge of a person's mind according to his speech.

Bessborough Gardens, 1869.

CHRISTMAS AT UNIVERSITY COLLEGE HOSPITAL.—The resident officers and the sisters of this Institution have done their best within the last fortnight to keep the memory of merry Christmas green in the minds of the patients under their charge. On the 28th of December, Dr. Poore, the resident medical officer, largely contributed in his usual successful manner towards the object in view. On Christmas Day he gave, in the evening, an excellent and effective reading of the first half of the Christmas Carol, completing the latter on the following Monday. On the last day of the old year, the usual "Christmas Ring" was made in one of the wards: all the patients who were well enough being collected together to witness a Christmas tree most tastefully decorated by the kind offices of the sisters, and presents were given to the various patients. Subsequently, Dr. Poore showed the magic lantern, and amused a large audience by his innate drollery when describing the multitudinous comicalities that he had obtained in the slides. Musical accompaniments were furnished by Messrs. Parker and Hardman, two of the house students. The patients are all the better for the treat, which was as heartily received as given.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

THE USE OF CARDED OAKUM AS A SURGICAL DRESSING.

WE are anxious to call attention to a mode of dressing wounds and sores by carded oakum which has been introduced by Mr. Pollock at this hospital, and which we are disposed to think will supersede to a great extent other methods. Carded oakum was largely used by the American army in the late war; and it has been also used, we believe, at one or two hospitals in this country—the Children's Hospital in Great Ormond-street, for example; but this is the first time, we think, that it has been employed in a large general hospital. Mr. Pollock began by using coarse picked oakum about five or six months ago; but has since procured a better quality from Bell's, in Oxford-street, who now supply the hospital. There are two qualities, one somewhat finer than the other; but Mr. Pollock prefers the coarser of these, which is simply rope shredded in prisons and workhouses, and carded by machinery. It is of a bright-brown colour, with the well-known tarry fragrance. A little of the material is roughly drawn into a suitable shape for covering the wound, then wetted, and applied to it. All discharge is absorbed by the oakum, and any bad odour is effectually destroyed. It seemed to us, as we examined a suppurating wound in one of Mr. Pollock's cases (excision of shoulder-joint) thus dressed, that the tarry principle in the oakum did more than mask the foul odour; it appeared to destroy it. Nothing whatever could be perceived but the pleasant smell of rope so strongly suggestive, by association, of the sea and ships. Mr. Pollock has employed carded oakum in burns, amputations, senile gangrene, and abscesses of various kinds. He uses it after every operation as soon as any discharge appears. It effectually supersedes, according to his experience, the use of lint, lotions, ointment, or poultices, is cheaper than most other dressings, and more easily applied. In cases of inflammation, by dipping it into hot water and then covering it with oil-silk, a convenient antiseptic poultice is provided, easily made, light, and answering perfectly its purpose. In private practice, carded oakum is likely to become extensively employed, on account of its cleanliness, economy in price (Bell sells it for about 1s. a pound, but it will doubtless become still cheaper), and also from the fact that its application is so simple and easy. In bedsores it would be, we should think, peculiarly useful, as, in addition to its other qualities, it would mechanically assist by acting as a pad.

ST. MARY'S HOSPITAL.

SEVERE CASE OF TYPHOID; RECOVERY.

(Under the care of Dr. SIBSON.)

IN the course of a visit to this hospital last week, we saw the patient whose case is here briefly narrated, preparing to take her discharge. She had been so severely affected with typhoid, that for several days during her illness her life had been despaired of. It was by the most careful nursing and feeding alone that she had been restored to health, no drug treatment having been adopted; and it seemed to us, therefore, that it would be interesting to note down the plan which had been followed, with the quantities of stimulant that had been found necessary. It will be seen that this was never extravagantly large. Her treatment had been essentially by milk, of which she had consumed two or three pints in every twenty-four hours. For many days nutriment of this kind, with stimulant, had been given to her night and day, at intervals of less than an hour. When we saw her, she was walking about the ward, having recovered much of her strength and condition, and the bedsores, which had been very extensive, being very nearly healed.

Caroline P——, aged thirty, was admitted on September 24th, because, during the preceding three weeks, she had several times vomited blood. She had a weak pulse of 88, and a dry, red tongue, moist skin, heart and lung sounds normal. She seemed to get a little better at first under some tonic treatment; but on October 14th she was attacked with bad diarrhœa, and on the next day typhoid spots were visible, and her temperature was 103·2°. She underwent a very severe attack of typhoid (probably a relapse), with diarrhœa, extensive bedsores, and extreme emaciation. Early in November, after appearing to improve, she was seized with great abdominal pain, and vomited for some days matter which was stercoraceous in character. This, however, passed off, and she began to mend. At that time she lay in a stupor, and apparently dying. She managed, however, to swallow what was given her. She was fed oftener than every hour night and day.

At first she had 3 oz. of port and 4 oz. of brandy in every twenty-four hours.

Oct. 21st.—8 oz. of port and 4 oz. of brandy.

23rd.—8 oz. of brandy.

28th.—8 oz. of port, and the same of brandy.

Nov. 1st.—Still taking 8 oz. of each.

On Nov. 3rd she had 12 oz. of port and 4 oz. of brandy, and took this till Nov. 23rd, when the brandy was taken off, and she had 12 oz. of port. This she continued till December 7th, when a bottle of stout and 6 oz. of port were given till her discharge, on December 30th.

On her admission she had black patches, dry, over sacrum and one hip, having evidently been suffering from typhoid. On going to bed, these broke into open sores, and a large slough as big as the hand gradually separated from each. These were treated by placing a piece of lint dipped in tincture of perchloride of iron in the wound, applying strips of strapping to keep the edges from gaping, and a linseed poultice over that.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

INJURY TO THE EYE OF A BOILER-MAKER; EXCISION OF THE GLOBE; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

THE following case of terrible injury to the eye is an illustration of the great dangers to which boiler-rivetters, and all who work in iron, are daily exposed. The eye at the time of the accident was absolutely destroyed, and an attempt to preserve the globe by palliative treatment would clearly have been futile. In such cases it is advisable that the mutilated eye should be at once excised, and the patient be thus spared the sufferings of a prolonged inflammation, which would not only greatly impair his health, but might endanger by "sympathy" the safety of the other eye.

F. M——, aged thirty-three, a boiler-maker, was brought to this hospital on December 21st, 1869, having one hour previously met with the following accident to the left eye. Whilst forging a punch from an old file, the punch when struck by the hammer flew out of the tongs which was holding it, and hit the eye.

On admission, the tarsal border of the lower eyelid was found to be divided, and there was a rent in the globe extending throughout the entire cornea, and for about one-eighth of an inch into the sclerotic. Into this wound the iris was prolapsed. The lens and a large amount of vitreous had escaped, and the globe was collapsed to about one-third of its normal size. Under these circumstances, Mr. Lawson at once removed the eye, and closed the wound of the lid with a fine pin and twisted suture.

The man recovered rapidly from the operation, and left the hospital at the end of a week.

UNIVERSITY COLLEGE HOSPITAL.

THREE CASES OF ABDOMINAL TUMOUR.

(Under the care of Sir W. JENNER.)

IN a visit to this hospital last week, we saw the patients whose cases follow, and noted down a few points concerning them, as they seemed to illustrate very well three varieties of abdominal tumour. Our obligations are due to Dr. Poore, resident medical officer, for his ready assistance and information.

Hydatid tumour of the liver; twice tapped; suppuration.—Under Sir Wm. Jenner's care is a man, aged fifty-eight, who was admitted on August 25th with a large rounded swelling below the costal margin of the right side, causing the liver-dulness to measure twelve inches and a half in the nipple line. A hydatid tumour having been diagnosed, a puncture was made on Sept. 16th by Mr. Berkeley Hill, a small trocar being used. About thirty ounces of semi-gelatinous fluid escaped at the time, and a pint more oozed through the canula during the next eighteen hours; it contained numerous hooklets. Nine days afterwards several perfectly formed hydatid cysts were discharged. About the same time he was attacked with pneumonia in the right lung. On Nov. 20th, this having subsided, he was again tapped over the tumour, which seemed to be pointing below the false ribs, and about two pints of purulent fluid were evacuated, containing the remains of hydatid cysts. The discharge which followed this second tapping being dreadfully offensive, a weak solution of carbolic acid (1 in 50) was injected through the wound every day, and the aperture was kept covered with a rag dipped in carbolic oil. These measures served to remove almost entirely the objectionable smell. Evidence of the gradual contraction of the cavity is afforded by the fact that, whereas at first several ounces of fluid could be readily introduced, there is difficulty now in injecting a few drachms.

Abdominal tumour.—In the same ward is a fair and somewhat delicate-looking boy, ten years old, whose belly appears very big. On examination, its size seems to be made up by an enlargement in either flank, which extends downwards and forwards to the groin, and is greatest on the left side. The swelling nearly comes up to the edge of the rectus abdominis muscle, anteriorly. Percussion over the swelling on either side gives out a dull note—of the character, however, which suggests a somewhat thick layer of fluid or semi-solid masking a distended bowel. Behind, between the tenth and eleventh ribs on the left side, there is a projecting swelling, which gives all the sensations of fluid. The enlargement would seem to be probably due to chronic abscess, but its origin is obscure, for there are no signs of disease of the spine or ribs. The boy is in very fair general health, and there is nothing else remarkable about him.

Enlarged spleen.—A third variety of abdominal tumour is presented in the person of one John W——, aged twenty-three, who has an enlargement of the spleen. The tumour descends as low as the navel, reaching in front to some two fingers' breadth on the right side of the linea alba; and notching can be felt along the upper border just below the costal margin. The tumour is hard, with rounded smooth edges. There is some enlargement of the left lobe of the liver. One month ago he passed blood by stool, and vomited about a pint. The man is not anæmic; he never had ague, nor syphilis, nor chronic suppuration from any source. He has no elevation of temperature. Neither personally nor in his family is there a tubercular history. The circumstance that he has drunk a good deal during the last three or four years would tend to favour the idea of the large size of the spleen being due to cirrhosis of the liver; but it seems too big for this. He has been lately passing large quantities of urine, and this fact would seem to indicate the possibility of his kidneys being involved, and the condition therefore being one of albuminoid disease.

MIDDLESEX HOSPITAL.

MEDICAL CASES.

(Under the care of Dr. MURCHISON.)

Local Treatment of Syphilitic Ulceration by Sulphurous Acid.—A woman of advanced age was admitted under Dr. Murchison, to be treated for extensive ulceration of a tertiary syphilitic character at the back of the throat, and implicating very deeply the posterior pillars of the fauces. Iodide of potassium with chlorate of potash was administered internally, and sulphurous acid was applied locally, both as a gargle (one part to four) and in the form of spray. The good effects of this treatment were indicated by speedy healing of the ulcer, and also by the return of the disease after the use of sulphurous acid had been discontinued for three days, whilst the patient was still in the hospital.

A Case of Recurrent Anæmia with Abdominal Disease.—Dr. Murchison has recently had under his care an interesting case of anæmia, associated with enlargement of the spleen, hepatic congestion, albuminuria, and occasional diarrhœa. The patient is a woman, thirty-seven years of age, who has suffered from frequent attacks of this kind since the age of fourteen. She has, on several occasions, been admitted into the hospital in an extremely weak and anæmic condition, and has generally made a fair and rapid recovery under treatment. Dr. Murchison stated to his class that, in accounting for these symptoms, two probable causes have to be considered. There is either an amyloid or waxy degeneration of the abdominal viscera, or there is an enlargement of the lymphatic glands of the abdomen. The former view, however, is opposed by the fact of the intermittent character of the anæmia and the associated symptoms, and by the temporary recovery of the patient after hospital treatment. The urine also has never presented the microscopical signs of amyloid disease of the kidneys in the shape of waxy casts. The diarrhœa may be accounted for by either of the two views, and may be due to a waxy state of the intestines, or to portal congestion caused by lymphatic enlargement at the fissures of the liver. With regard to this symptom, also, the long intervals of perfect freedom between the occasional attacks would tend to negative the view of any persistent and progressive changes in the intestinal track. There are no signs of inherited or acquired syphilis, and the patient has never been weakened by any long-continued discharge. Both these facts also are against the view of amyloid degeneration. The patient has generally been benefited by the internal administration of dilute nitric acid.

Dysphagia treated by the Hypodermic Injection of Atropine.—A middle-aged woman, some few months after swallowing a quantity of sulphuric acid, was admitted, under the care of Dr. Murchison, with dysphagia, vomiting, and pain after swallowing food. The history of the case, and the occurrence of hæmorrhage from the stomach in connexion with the original injury from the acid, pointed to cicatritial contraction of the œsophagus and the cardiac end of the stomach. The symptoms of obstruction to the passage of food, however, varied in intensity, as the patient was better at one time than at another. As a spasmodic condition of the alimentary canal was thus indicated, Dr. Murchison ordered the hypodermic injection of atropine, which was applied at first in daily doses of $\frac{1}{75}$ gr., afterwards of $\frac{1}{50}$ gr., again of $\frac{1}{30}$ gr. once, occasionally twice, a day, and finally in doses of $\frac{1}{15}$ gr. twice a day. The patient has improved very much under this treatment, and was enabled to swallow and digest her food with greater ease. An interesting point about this case is the fact that, notwithstanding the hypodermic application of atropine in large quantities, amounting latterly to $\frac{1}{3}$ gr. per day, but a very slight change was manifested in the size of the woman's pupils.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

DECEMBER 13TH, 1869.

MR. PETER MARSHALL, PRESIDENT.

MR. R. DUNN related a case of Poisoning by Aconite, death appearing imminent; but, by the vigorous administration of sal volatile, brandy, and chloric ether, a successful termination was effected, the quantity of stimulants taken in the nine hours being ten ounces of sal volatile, six ounces of chloric ether, one pint of brandy, one bottle of champagne, besides strong coffee and beef-tea.

Dr. GREENHALGH mentioned the case of a patient who had come under his care for supposed prolapsus uteri, but

which on examination proved to be a thickened urethra, surrounded by a spongy growth, the nature of which growth had not yet been ascertained.

Mr. DE MÉRIC narrated a case of Retention of Urine in a patient suffering from stricture, in which puncture of the bladder through the rectum had been resorted to, with the best results. He wished to have the opinions of Messrs. Lee and Bryant upon this case.

Mr. LEE considered the case one for perineal section, which he thought an easier and more natural operation than puncture of the bladder through the rectum. He mentioned that a fistulous opening through the rectum was more serious than through the urethra.

Mr. BRYANT, on the other hand, approved of Mr. de Méric's operation, considering the perineal section more difficult, and had never had any fistulous openings follow his operations.

Mr. BRYANT then read the paper of the evening, "On the Treatment of Disease of the Knee-Joint, more particularly in reference to Operative Interference." He began by stating, as a rule, that no operative interference was necessary in inflammatory disease of the knee-joint without disorganisation. When suppuration has taken place, and disease of synovial tissue, a cure by natural processes, assisted by art, is generally to be secured. When the disease begins in the bone, operative measures are demanded. A cure by anchylosis is by no means uncommon in the former case. During the acute stage, danger to life is great, and the question arises whether or not to amputate to save life. As a rule, amputation or excision for acute suppurative disease is generally fatal. Mr. Bryant preferred making free incisions into the joint, and washing out with warm water. He thought this ought to precede other operations. Mr. Bryant then read two cases of diseased bone in the knee-joint, resulting from articular ostitis, in which he had removed the sequestra, and the patients recovered with anchylosed joints; and one similar case in which amputation had to be performed. In disorganisation of the joint, the choice lies between amputation or excision. In amputations of the thigh for chronic disease of the knee-joint, taking patients at all ages, from his own tables Mr. Bryant found 188, from Dr. McCormack's 137, making a total of 325: of these, 66 died, and 259 recovered; the mortality being 20 per cent., or 1 in 5. In Dr. Hodge's work Mr. Bryant found 178 cases of excision of the knee for chronic disease: 70 died, and 108 recovered; the mortality being 39 per cent., or 1 in 2½. Mr. Swain had given the following. Up to 1865, 316 cases of excision had been performed: 85 died, or 27·2 per cent.; 9 of these having died after amputation, which had been deemed necessary in 39 cases. Since 1865, 74 cases are given, 25 of which died, or 33·7 per cent.; 4 also died out of 11 that underwent amputation; 29 out of 74 dying, or 39 per cent. Mr. Swain gives also a select list of 82; 15 died, 4 others recovered after amputation. We thus have 472 cases of excision of knee-joint, and 129 deaths, or 27·3 per cent., 13 of these being after amputation. If, however, the results of both operations are considered at different periods of life (a point of immense importance), the following striking results come out:—In amputation for chronic disease of knee in patients under twenty years of age, out of 69 cases, 3 only died, being 4·3 per cent., or 1 in 23. In excisions for similar cases of the same age, out of 97 cases, 27 died, or 27·8 per cent., or 1 in 3¾. In amputations, in ages between twenty-one and forty, out of 119 cases, 38 died, or 32 per cent., or 1 in 3. In excisions, out of 74 cases, 39 died, or 52·7 per cent., or more than 1 in every 2. The difference being 20 per cent. against excision. Admitting excision to be a good operation, do the advantages justify the extra risk? Mr. Bryant thought not. He also considered an early operation the most successful. It should not be performed when an operation is demanded to save life only, when local disease is steadily progressing in spite of treatment. Mr. Bryant, in conclusion, hoped the advocates of excision would recognise the results of experience, and not shut their eyes to those cases that tell against the operation, the point to be settled being the period of the disease in which excision should be undertaken. As an operation of expediency, the author was inclined to think that excision may not only be justifiable, but successful.

An interesting discussion then took place, in which Mr. W. Adams, Mr. Henry Lee, and Mr. de Méric took part.

Reviews and Notices of Books.

Winter and Spring on the Shores of the Mediterranean; or the Riviera, Mentone, Italy, Corsica, Sicily, Algeria, Spain, and Biarritz as Winter Climates. By J. HENRY BENNET, M.D., M.R.C.P., late Physician-Accoucheur to the Royal Free Hospital, &c. Fourth Edition. pp. 621. London: Churchill and Sons.

To a man enthusiastically fond of his profession, and animated with the ambition to achieve success in it, the sudden appearance of symptoms indicative of grave disease is terrible. Just when his judgment was matured by experience, and his feet were resting on what seemed the foundation of a high professional reputation, Dr. Bennet had to go abroad in quest of health. "Winter and Spring on the Shores of the Mediterranean" is a fourth edition; and it embodies the author's experience of ten such seasons passed in these localities.

The subject is divided into two portions—viz., the consideration of Mentone and the Riviera, and of the various places enumerated in the title of the work, which he visited with the view of discovering another and a better winter climate. It is evident that Mentone has the first place in his affections. Nor is this surprising. The mildness of its winter, owing to its peculiarly fortunate and protected position, and the dryness of its atmosphere, mainly due to the comparative absence of rainy days and fogs, the prevalence of northerly winds, and the nature of the soil, render Mentone one of the best winter-resorts in Europe. The region "is protected by an amphitheatre of mountains nearly 4000 ft. high from north, north-west, and north-east winds. The inhabitants, animal and vegetable, are like plates in a plate-warmer before a kitchen fire—viz., the sun,—or like fruit trees on a south wall." The warmth of Mentone may be partly accounted for on geothermal (earth-heat) grounds, as our author points out. That the winter radiation of summer-accumulated heat, in a locality surrounded by an amphitheatre of limestone rocks, must be great, admits of demonstration. The author gives a discriminating and accurate account of the climate of the Mediterranean shores, which cannot fail to be very useful to the London physician and the patient in quest of health; and his volume contains sufficient science in the shape of topography, botany, zoology, and geology, with horticultural gleanings and incidents of travels, to make it eminently readable and interesting to a man fond of natural history. Habits of introspection and a kind of egotism too often deface the characters of even good and amiable men when they become invalids. They cannot do better than take our author's book as a guide, and cultivate the interest which it will create into habits of thoughtful observation of nature—one of the best preservatives of freshness of spirit and kindliness of feeling.

The author tells us, however, that it is decidedly winter at Mentone from December to April; the nights are chilly, the thermometer generally falling to between 46° and 54° with south winds, and with north winds to between 40° and 45°, sometimes below 40°. The ordinary "shade maximum" varies from 50° to 56° when the sun shines, and is lower still when it does not. The temperature always falls as soon as the sun is down, the heat being evidently produced by the direct influence of the sun. In a south room, with the sun shining on it, the window can be left wide open, but a fire is indispensable to a chilly person as soon as the sun is down. We do not know what it has been at Mentone; but at Cannes and Pau the present winter has been unusually severe. But Dr. Bennet does not encumber his book with a wearisome array of meteorological tables. He very

judiciously considers that a description of the vegetation will afford as good an index, and certainly a more interesting one, to the climatic conditions than a column of figures. These conditions are, he tells us, peculiarly suited to the olive, the lemon, and the orange tree, which cover the hill sides, and constitute all but the sole agricultural produce. He then enumerates the long list of flowers and plants which will thrive and blossom, more or less, all the winter, with scarcely any care.

"When the weather is dry, and the sky is covered with clouds, which arrest terrestrial radiation, the fruit of the orange tree will bear 7° Fahr. below the freezing point, without injury; and orange trees themselves are only killed by 11° of frost. The olive tree," Dr. Bennet informs us, "is the real lord of the Mentonian amphitheatre, covering the lower hills and the base of the higher ones to a height of about 2000 feet above the level of the sea. In the south of France it is a miserable object, small and dwarfish; but as soon as the Esterel mountains are passed, it is allowed to grow as a fruit tree, and at once assumes dignity and grandeur. The carouba, or locust tree, is also one of the glories of this and of other barren but warm regions in the south of Europe. It is a beautiful evergreen tree, vigorous, fresh, and graceful, with an abundant light-green foliage. It grows in the most stony, arid, burnt-up places, where its very existence is a marvel. The carouba may be considered an emblem of evergreen vegetation, and a perfect botanical demonstration."

At page 143 there is an interesting account of one of the largest and most singular fish that inhabit the waters, and which is peculiar to the Mediterranean. Readers of Victor Hugo's "Les Misérables" will recognise his hideous monster, the devil-fish—a creature of enormous dimensions, with a huge mouth and stomach, all one, in front of its misshapen head. Two were caught near Nice in 1807, a female weighing 1328 pounds, and the male much smaller, weighing only 885 pounds.

The danger to invalids in Mentone and Nice is the rapid lowering of the temperature after sunset, which exposes to sudden chills, from the pores of the skin being often open at the time through previous exercise. The same danger exists even in midday in passing from the sun to the shade. With care and precaution, the climate of Mentone and of the South of Europe generally is safe and beneficial; without them, it is unsafe and treacherous. This is evinced by the great winter mortality of the natives of the Nice and Mentone districts, and of Italy and Spain generally, by pneumonia and pleurisy, two of the commonest maladies. That portion of the volume devoted to Corsica struck us as interesting.

Dr. Bennet describes a Spanish bull-fight, and, as we happened to have been present at what was considered a more than ordinarily exciting one, we turned to his description, and were glad to find that his impressions were exactly those which we received from that barbarous spectacle. The author says that Algeria is not a climate to be recommended for the ordinary forms of pulmonary consumption, for the common forms of chronic bronchitis, or for bronchitic asthma. In some exceptional forms of chronic chest disease, and in other morbid conditions in which a moist, mild climate is required, it is no doubt suitable. For persons who are not very ill, and principally require changes of scene, combined with mild winter weather, Algiers is, no doubt, a very enjoyable and attractive residence. It combines all the comforts and resources of a large European town with the strangeness and orientalism of Africa. As such it is destined to become a great centre of winter emigration from Europe; but consumptive people can do better nearer home, and had better not go there.

OUR LIBRARY TABLE.

An Introduction to the Science of Heat. By TEMPLE AUG. ORME, Teacher of Chemistry and Experimental Physics, University College School. pp. 203. London: Groombridge and Sons.—This manual addresses itself to those "who possess a fair knowledge of arithmetic and have an ordinary amount of intelligence"—qualifications which, to say the least, will not be deemed too high among the middle-class youth of England. But in the very first pages a boy of ordinary intelligence finds himself confronted with French measures of length, weight, and capacity, which will stick to him throughout the book. If the lad of ordinary intelligence is destined to develop into a scientific physicist, his early acquaintance with the scientific terms in general use will no doubt prove of good service to him. In truth, however, such youths represent but a very small fraction of the number to whom the book would be doubly interesting and equally useful if the English measures had been maintained. Whilst fully recognising the advantages gained in the adoption of the metric system by men of science, we confess to a predilection in favour of making the rudiments of physical knowledge, which the majority of schoolboys may reasonably be expected to learn, as interesting and as homely as possible; and we do not think this end facilitated by going to France for our measures. In other respects we have no fault to find with the book, which is carefully arranged and clearly written. The dynamical theory of heat is but slightly touched on; this may possibly have been considered to be beyond the scope of an introductory treatise. There is a sufficiency of descriptive woodcuts scattered throughout its pages, and an abundance of well-chosen examples at the close of each chapter, which, if honestly worked out by our boy of ordinary intelligence, must infallibly secure to him a fair mastery of the subject.

Lectures on Surgery. By JAMES SPENCE, F.R.S.E., Professor of Surgery in the University of Edinburgh. Part II. 8vo, pp. 633. A. and C. Black. 1869.—We see no reason why we should review at length this second part of Mr. Spence's lectures. We have looked it carefully through, and have not been able to find, with the exception of his clinical cases, anything which is not contained in every modern systematic work on surgery; while, on the other hand, we find numerous omissions and errors from which many of his predecessors are free. The greater part of the practical surgery, and the whole of the pathology, belong to the last generation. Mr. Spence's style is not calculated to convey information, to say the least of it, better than that of any other surgical author; and we are at a loss to understand what can have induced him to publish that which has so often been published before, and which must be at the present time, in a great part, obsolete. We certainly cannot recommend Mr. Spence's book either as a text-book to the student or as a book of reference to the practitioner.

A Guide to the Examination of the Urine. Intended chiefly for Clinical Clerks and Students. By J. WICKHAM LEGG, M.D. Lond. pp. 58, large 8vo. London: H. K. Lewis. 1869.—This little work forms a concise guide to the complete "clinical" examination of the urine. Dr. Legg first draws out a general scheme for the examination of the urine step by step, indicating what are the chief points to be attended to; and he appends to each division of the scheme a reference to the place in the book at which the details of various microscopical and analytical observations may be found. The conditions under which various morbid states of urine exist are referred to, and diagrams are given of the minute characters of deposits, sediments, &c. In the appendix, Dr. Legg describes the ways in which the quantitative analysis of urea, sugar, chlorides, phos-

phates, &c., is to be conducted. The work is a very handy one; and we recommend the student to make it his companion in the wards of the hospital.

The Chemists' and Druggists' Almanack and Pharmaceutical Text-book for 1870. London: Chemist and Druggist Office, Colonial-buildings, Cannon-street, E.C.—This little volume contains a good deal of information likely to be useful to those for whom it is more especially designed.

The Students' Handbook, synoptical and explanatory of Mr. J. S. Mill's System of Logic. By the Rev. A. H. Killick, M.A., &c. London: Longmans and Co. 1870.—This is an excellent little work, alike as to its design and as to the manner in which the author has accomplished the task of condensing Mr. Mill's elaborate volumes into a small pocket manual of 270 pages. Mr. Killick's object has been to facilitate the study of Mr. Mill's system by furnishing the reader, chapter by chapter, with such a *coup d'œil* of the subject as may best prepare him for a thorough and intelligent comprehension of the system in its entirety. The differences between Mill's system and that of Whately and other logicians are very clearly explained. The typographical arrangement of the matter is admirable, and deserves a special word of commendation.

The Oxford Reformers, by FREDERICK SEEBOHM (London: Longmans), which has already reached a second edition, is a reprint, with additions, of articles that appeared in the *Fortnightly Review*, and there created a good deal of attention and interest. While the general history of the Reformation period has been worked out by great writers, we have hitherto had little information as to the inner mental and spiritual life of the actors in it. In this respect, with regard to Colet, Erasmus, and More, the volume leaves little to desire; and few readers will close the book without feeling a deeper admiration for those three worthies. Colet, Dean of St. Paul's, and the founder of St. Paul's School, appears to have been one of the best and most powerful agents of the English Reformation. There is not much of special medical interest in the volume, unless, indeed, it be sundry allusions to Linacre and other English scholars with whom, when in England, Erasmus contracted a warm friendship. "What," said he, "could be more searching, deep, and refined than the judgment of Linacre." After leaving England, Erasmus wrote to Linacre from Paris. He had encountered severe weather at sea, which made him ill, and he "wished that Linacre's medical skill were at hand to still his throbbing temples." We cannot too heartily commend the pleasant and instructive volume to the attention of our readers.

The Ship Captain's Medical Guide. Compiled by HARRY LEACH, Resident Medical Officer at the Hospital Ship *Dreadnought*. Third Edition. London: Simpkin and Co. 1869.—We have noticed with approval former editions of this guide. It only remains for us to repeat our general praise of the book, whether we regard the nature of the directions given, or the short, sententious, and simple style of language used. We objected in a former edition to the doses of nitrate of potash in the saline mixture, as being, in our opinion, too large. We are sorry to have to repeat this objection. And an instruction to give from 4 oz. to 12 oz. of brandy to "Jack" daily, if he happens to have the rusty sputum and hot skin of pneumonia, is a little too dogmatically stated. But, with a few slight qualifications of this kind, the work is excellently adapted to the class for whom it is intended.

Letters on Vaccination. By WILLIAM WOODWARD, M.D., of Worcester. Reprinted from the *Worcester Herald*. Worcester: Deighton and Son.—This is a good compilation of the principal facts showing the advantages of vaccination, including revaccination; and would be calculated to do good if extensively read. It is too long, however, to be read by many of the class that is prejudiced against vaccination. We would say here that, in our opinion, there is great need of a short, sensible tract on vaccination, to be distributed broadcast among the people, who are quite open to sense as well as to nonsense on this subject, and who are being plied very diligently with any amount of the latter at the hands of the anti-vaccinationists. The author of the letters before us too blindly endorses all the subordinate arrangements of authorities under the Vaccination Act; for example, that of the reduction in the number of public vaccinators. This may be a wise measure; but its wisdom has yet to be proved. We hear of one large London district in which the number of public vaccinators has been reduced by one-half, and in which the public vaccinations are reduced to the same extent or more.

THE CONTAGIOUS DISEASES ACT.

THE following shows the total number and distribution of beds for patients admitted under the provisions of the Contagious Diseases Act at the present date:—

Devonport: Royal Albert Hospital	162*
Portsmouth: Royal Portsmouth, Portsea, and Gosport Hospital	120*
London: Lock Hospital, Harrow-road	150
Rochester: St. Bartholomew's Hospital ...	40
Chatham: New War Department Lock Hospital	88
Aldershot: War Department Lock Hospital	90
Colchester: " " " ...	25
Shorncliffe: " " " ...	25
Cork: " " " ...	46
Curragh: " " " ...	41
Total number of beds	787

The beds at the London Lock Hospital receive all patients from Woolwich, Greenwich, and Deptford; and, when the Shorncliffe Hospital is full, they are to receive the surplus from Shorncliffe, Dover, Canterbury, Walmer, and Deal. Patients from Winchester and Windsor are received at Aldershot. It is hoped that the new Lock Hospital at Chatham will afford accommodation for Chatham, as well as for patients from Sheerness, Gravesend, and Maidstone, the surplus to go to the civil hospital at Rochester. Southampton patients are sent to Portsmouth, and those from Dartmouth and the intervening district to Devonport. From Queenstown, in Ireland, the patients are sent to Cork.

The following is a list of the certificated medical officers employed in carrying out the provisions of the Contagious Diseases Act:—*Devonport:* Dr. Pickthorn, R.N., visiting surgeon; Dr. Archer, R.N., assistant visiting surgeon. *Portsmouth:* Mr. Parson, visiting surgeon; Mr. Knight, assistant visiting surgeon. *Aldershot:* Dr. Barr, visiting and hospital surgeon. *Chatham:* Dr. Baxter (Army) visiting and hospital surgeon. *Colchester:* Mr. E. Waylen, visiting and hospital surgeon. *Canterbury and Dover:* Dr. B. Swift (Army), visiting surgeon, and also assistant for Shorncliffe. *Shorncliffe:* Mr. J. W. Howard, visiting and hospital surgeon; Dr. B. Swift (Army), assistant visiting surgeon. *Sheerness:* Mr. Edward Swales, visiting surgeon; Mr. William Harris, assistant visiting surgeon. *Windsor:* Mr. E. Pearl, visiting surgeon; Mr. J. W. Gooch, assistant visiting surgeon. *Winchester:* Mr. T. C. Langdon, visiting surgeon. *Woolwich:* Dr. W. Stuart, visiting surgeon. *Cork:* Dr. J. W. Johnston (Army), hospital surgeon; Mr. John G. Curtis, visiting surgeon. *Curragh:* Mr. J. Chaplin, visiting and hospital surgeon.

* Paid for by the Admiralty.

THE GRESHAM LECTURES.—Dr. Symes Thompson has selected two questions of great interest and importance as subjects for his lectures, to be delivered at the Gresham College on Friday and Saturday, the 14th and 15th inst. The first lecture will be "On Catching Cold;" the second, "On Stimulants."

THE LANCET.

LONDON: SATURDAY, JANUARY 8, 1870.

WE print elsewhere an appeal to the profession from the managers of the Medical Benevolent Fund—a simple and touching story, for the general truth of which every practitioner, in London at least, can vouch, from the nature of the personal applications frequently made to him. There are few men who can look back on a career of medical education and practice without recalling the names of contemporaries who, not always the least industrious or the least gifted, have yet somehow failed to win or to hold a vantage ground in the struggle of life. Others, again, have died prematurely, leaving mothers, sisters, widows, orphans, in a state often of actual destitution. For the benefit of these helpless ones, as well as for that of our brethren who have themselves failed in the race, the Medical Benevolent Fund was established, now many years ago; and it has rescued hundreds from privations very terrible to contemplate. It has never, we think, been at all adequately supported by the profession; and we venture to express our earnest hope that the demand now made will be promptly and liberally answered. "For a month," we read, "most" of nineteen applications have been postponed. We trust that our readers will not suffer this month of suspense to terminate in a day of disappointment.

In the administration of charity, however, even to members of our own body, it is well to take heed what we do, and to remember that the mere bestowal of gifts, to be expended in the supply of pressing wants, and to leave the recipient eventually no better off than before, is a great waste of power and means. The members of a learned profession should manage better than this, and should establish a fund so large and so administered that every worthy practitioner fallen into poverty, or every helpless person left destitute by such an one, should be effectually and permanently aided. It could not be difficult to discover the average number, amount, and kind of the claims that should thus be met; and, even if the sum required to deal with them effectually were large, we feel confident that it would be supplied as soon as there were any sufficient grounds for believing that its application would result in permanent good.

In order to carry out such a scheme as we suggest, it would be necessary for medical men to set their faces like flint against a variety of other applications, and especially against a kind of demand that is too frequently made upon them. We refer to the demand of a guinea for this, that, and the other testimonial. The tax thus levied is becoming something more than oppressive. It is said that in this way not less than £10,000 has been extracted from medical pockets within the last few years. Every new testimonial that is proposed has something to be said in its favour; many have much. Some we have ourselves warmly advocated; others we have been content to record. But now, and until professional poverty is fairly dealt with, we shall advocate no more. We shall say, and we shall recommend our readers to say also—"This doctor, and that doctor's widow, are in danger of starving. Guineas that can be spared belong of right to them."

Amongst the other benefits that would result from a sufficient and a well-managed fund for the relief of medical distress, would be the possibility of establishing something like a definition of culpable improvidence. In the very letter to which we refer, we read of the absence of life policies, and of one policy for £500 among ten children. A professional man with ten children, and only £500 secured for them, must be a character not pleasant to contemplate. Do the facts mean mere weakness and self-indulgence, or carelessness to the sufferings of those with every claim upon him? Can it ever be right for a medical man to marry, unless he can at once effect a larger insurance than this? Such, and many like them, are questions that cry aloud for solution; and the answers to them would probably teach us that there are some who cannot be helped, whose so-called education is only skin deep, and whose natures irresistibly force them out of the upper strata of society, and into the conditions of manual labour or of hopeless vagabondage. Upon such our gifts and our energies are alike wasted; and our chief business is to learn to discriminate them truly. But the elimination of this class will leave us much work to do—work of that kind which carries with it its own blessing and reward, and which, in this world, most tends to elevate human nature to the goal that we all aspire to reach. A new year is opening; we appeal to our readers that its course may witness the establishment of some permanent means for dealing with the necessities of the less fortunate among our ranks.

IF argument had been necessary to prove the cowardice displayed by the authorities of St. Bartholomew's Hospital in submitting their explanation to a meeting of governors presided over by the Prince of WALES, and the hollowness of their profession of willingness to bring the question of their mismanagement to the light of full publicity, those arguments will be abundantly supplied by a comparison of the proceedings of that meeting with the facts which have since been brought out. Amongst the many hundred governors who profess themselves to be so deeply interested in the good management of this Royal charity, there was not found one who had made himself acquainted even with the general question of expenditure, had taken the trouble to compare it with that of any other hospital, or who had the candour and boldness to lay the facts fairly before the meeting, or expose the plausible and fallacious arguments put forth in the defence of the existing management. Who could have supposed, from the very offhand way in which the question of expenditure was treated, that, under five heads alone, there was a proportional excessive expenditure of £4107, as compared with a liberal and well-conducted hospital like that of Guy's? Let us see what is meant by this one undeniable fact. The payments at Guy's Hospital to the baker, butcher, cheesemonger, and wine merchant,

and for other miscellaneous articles of diet, amounted, for 500 beds occupied, to £6533. Under the same heads the expenditure at St. Bartholomew's Hospital amounted to £11,283. If this sum had been expended with the same economy as at Guy's, it would have sufficed to provide these articles for 863 beds fully occupied; whereas it was expended on 553. Or, once more, did anyone at the meeting realise what is meant by an expenditure of £4808 for butcher's meat? If the liberal dietary scale of Guy's had been in use at St. Bartholomew's, this sum would have provided for a daily average of no less than 1143 patients instead of 553. Nor can it be said that the consumption of meat replaces more expensive articles of diet. The expenditure on poultry, fish, milk, and other medical comforts is just as great at St. Bartholomew's as it is at Guy's; so that we have the monstrous proposition offered to us that the patients of St. Bartholomew's consume more than twice the amount of animal food required by those at Guy's. We venture to insist upon this one item as being a crucial test of mismanagement. Considering the number of sickly patients who are necessarily placed on lighter forms of diet (milk, fish, poultry, and even simple fever diet), we affirm with confidence that the quantity here charged for cannot, by any form of cooking, be consumed by the patients. It amounts, in fact, to three quarters of a pound of meat for each patient per day, or fully sufficient for the support of a strong man in full work. To ask us to believe that sick and injured men and women, all of them leading a sedentary life, and more than half in bed, require or consume so much, is an outrage on common sense. We are driven, therefore, by the clearest evidence, to suspect either robbery or waste; and our convictions will not be satisfied by the plausible explanation that this "cramming of the patients" was carried out under the instructions of the medical staff.

But the most damning evidence of the completeness with which inquiry has been burked was shown by the silence with respect to the proposal made by Mr. RICHARDSON to give the meeting the result of his personal experience during a six weeks' residence in the hospital. No doubt it was duly explained to the Prince that the man was a "firebrand who considered it his vocation to put the hospital authorities to rights according to his own notions, to teach them their duties, and to make the other patients and nurses dissatisfied with their treatment." They did not, however, remind the Prince that this was not the question at issue, but whether the statements which the patient was prepared to make were true or false. Ill as he was, Mr. RICHARDSON offered boldly to come forward and give evidence on the important questions which that meeting had been summoned to discuss; and although the offer must have been known to every member of the House Committee, not one of them had the candour to inform the meeting that such an offer had been made, much less the boldness to propose that it should be seriously entertained. And yet what does this witness say? With respect to the nurses, he amply confirms those statements as to their work and treatment which first aroused public indignation. He tells us, and we believe it to be true, that, unlike a single workhouse sick ward in the metropolis, there is neither a cushioned seat nor high-backed chair for the use of any patient able to sit up; that there are no flannel jackets to protect the patients from the cold draughts produced by imperfect methods of ventilation; that there is not a pair of slippers in the wards; in fact, that the furniture and arrangements savour of a hundred years ago, and prove that there is an utter neglect of those vast improvements in hospital administration which are the characteristic of more modern days. We would venture, in confidence, to recommend the authorities to pay a visit even to St. Pancras sick wards: they will at least find proper coverings for the sick, and padded seats for the convalescents' thinly covered bones. And if the authorities wish to see what a modern hospital may be made at less than half the cost of St. Bartholomew's, let them go to the Hospital for the Paralysed and Epileptic in Queen-square and take a lesson.

But the question remains—What is to be done? The Treasurer has refused to give any further explanation of the charges which have been made. Parliament will no doubt assemble soon, and we cannot doubt that the subject will be brought under consideration at an early date. But we are not sure that this is the proper course. It should not be forgotten that this and other endowed hospitals are virtually placed under the supervision of the Charity Commissioners, who have a staff of inspectors well qualified to examine and report as to the administration of St. Bartholomew's, as they have already done in the cases of St. Thomas's and Guy's. We propose to forward them copies of the statements which have from time to time been made, and to memorialise the Commissioners to institute a thorough public inquiry into the whole question. We hope that those governors of the hospital who have its welfare at heart will aid our efforts, and we appeal with confidence to the Prince of WALES to support our prayer.

WE are quite willing to allow that any extension of the principle of the Contagious Diseases Act to the civil population presents serious difficulties as regards its practical working out. This journal has inclined to the conclusion that these difficulties, however great, ought to be overcome; seeing that the evil which the new measures are intended to remedy is not merely enormous in extent, but involves the infliction of so much misery, both physical and moral, upon wholly innocent people, that it must be decisively dealt with. Still, we are ready to allow that the matter is by no means a simple one in its practical aspects, and requires the fullest investigation.

It is quite a different affair, however, when, instead of the temperate and scientific scepticism of Mr. SIMON, we get the well-meaning, but ignorant, enthusiasm of a Ladies' Association. A series of letters has lately appeared in the *Daily News*, under the signature of "An Englishwoman," which surpass, in ability of a certain kind, and in mischievous tendencies, any such productions we have ever seen. The subject is treated with a profound ignorance of the consequences of venereal diseases, of the habits and motives of the men and women who commit the common immoralities of our towns, and of the way in which it is proposed to deal with the evil, under an extension of the new Act to the civil population.

What, in fact, can be the amount of experience or careful

study which the "Englishwoman" has brought to the question of the actual extent and gravity with which venereal diseases press upon the population? She certainly may be, or may be informed by, one of those regularly educated lady doctors, of whom there are now a few in the world. But we can hardly believe that she possesses even this amount of genuine knowledge; else, why does she constantly assume that the only effect of venereal disease on society is to keep up a wholesome check on the vices of the *men*, the removal of which would dissolve the manners of the community altogether? It is quite plain that she can never have realised the consequences which may flow from a single syphilitic infection, incurred, perhaps (for this is quite as likely as not), by some youth who had given way to temptation only *once*. Does she know that not merely is that youth himself liable to be rendered miserable through life by the consciousness of a constitutional affection which poisons his whole system, but that, if he ventures to marry, he may have to endure the unspeakable horror of communicating this loathsome and dangerous infection to his pure-minded wife and his innocent children? Does she know, by personal observation, what are the wretched results to the unfortunate fallen women themselves of a system which, like our present one, deliberately fosters and encourages the spread of the foulest types of the disease? No; it is quite evident that she knows nothing of all this. We believe her to be a kindly-natured lady; but if she spoke the words she has used with full knowledge of the facts, we should say that she must be cruelty incarnate to acquiesce in the continuance of such hideous suffering, striking blindly upon the guilty and the innocent, as a "check" upon the vices of misguided youth. It has been the fashion, not without some excuse, to assert that such ferocious morality can only be begotten of the *odium theologicum*, but we are glad to see that most of the clergy, in this particular matter, have shown enough Christian humanity to conquer theoretical prejudices.

No less does the "Englishwoman" suffer under a fatal disability to discuss this subject, from her necessary ignorance of the motives and impulses of frail men and women who yield to carnal temptation. It is wildly unpractical to suppose either that venereal disease strikes men with a frequency and a severity proportionate to the extent of their incontinence, or that the fear of it seriously deters from vice. On the contrary, it is notorious that the bitterest penalties are incurred by the comparatively venial errors of youths whose innocence and inexperience in sin are the greatest. Such lads may and do often hesitate to yield to temptation from native modesty and acquired principle; but it is folly to think that they ever seriously count the cost in mere possible physical misery. Still less is it credible that young women are ever deterred from the commencement of vice by any such consideration.

The most serious fault, however, with which we have to charge the "Englishwoman," is the defective view which she gives of the features of the very scheme of proposed legislation which she attacks. The whole tenour of her language infers that it is now intended to introduce a system similar to that of France, of which the practice of licensing particular persons and houses for the purpose of prostitution forms so prominent a part. It has not been proposed, as we need hardly tell our readers, to do this in England; and it is unjust to use arguments drawn from the working of the French system as tests of the probable consequence of the measures proposed here. Equally unsound are the statements which the writer makes respecting the breaking down of the inspection system in various military stations after a series of years, although it may have proved successful in checking the spread of venereal disease at first. There is every reason to believe that the few examples of this kind which have occurred were due to wholesale reimportations of venereal disease from accidental circumstances.

In short—and that is the point of our present remarks—the profession and the public cannot afford to have time wasted and attention distracted by sensational appeals from persons who are necessarily ignorant of the facts requisite for forming a sound judgment. We are willing enough to concede the great practical difficulties, both in the region of legal tradition, and, still more, in that of natural sentiment, which stand in the way of any extension of the Contagious Diseases Act to the civil population. But we protest against the "monstrous regimen of women" in this matter. As things stand (and we confess that we do not regret it), our ladies have not sufficient knowledge either of the facts about venereal disease, or of the real nature of prostitution, to talk usefully about this subject. We respectfully advise them to reconsider their position, and retire from an arena in which they are ill-qualified to display themselves with any enviable distinction, and in which the dispute must be decided by more weighty arguments than any which they can employ.

A COMPARISON has been recently drawn by a contemporary between the old Indian Medical Service, the members of which were admitted by patronage, and the present Medical Service, which is recruited by competition. The article in question stated as a fact, that whilst under the old system of patronage the Indian Medical Service "produced an unbroken series of distinguished naturalists and eminent physicians, the series closed when they were open to competition." The appointments in the Indian Medical Service were thrown open to competition in 1855, and we are assured by those who ought to know all the facts that under the system of patronage many able medical men went to India, and not a few who were just the reverse. Under the present system there has certainly been no falling off in the number of highly accomplished physicians, while a barrier has been raised to the entrance of incompetent men. Of course a service which only commenced in 1855, and the entrance into which was subsequently closed from 1860 to 1864, cannot be expected to show the same long list of men who have distinguished themselves in medical inquiries as the older service, which had lasted for 150 years; but it is surely inconsistent with common sense to suppose that, in the long run, men chosen haphazard by personal friendship or the claims of relationship will be more eminent in their profession than those who have entered the service through the narrow gate of a searching professional examination.

In reference to the statement in the same article, that there are "no means of teaching geology" in Bombay, it is unreasonable to expect that young men who are chosen for medical knowledge shall also have sufficient geological knowledge to enable them to teach geology. The average age of the young men going out in the Indian Medical Service is twenty-three years, and if any one of them were a profound geologist he would almost certainly be a bad physician and surgeon. It does so happen, however, that there are geological as well as botanical students amongst them, and if a career in geology or botany were open there would be no lack of men who would qualify themselves for the posts. But of late years the system of the Indian Government has been to keep medical men to medical duties, and indeed we believe little encouragement has been given to any kind of extra-professional scientific work.

There was one good point in the old system of patronage. Occasionally, though more rarely than is supposed, interest was made for a scientific man, who went out to India, nominally as an assistant-surgeon, but really as a botanist or geologist. And if the Indian Government want such men now, they have only to make the posts for them, and they may be sure the men will be forthcoming. There is now, we are told, in the Bengal Medical Service a young assistant-surgeon who is so good a botanist that, if he had the opportunity, he would probably become the worthy successor of ROYLE, GRIFFITHS, WALLICH, or THOMSON. Why does not the Government seize on such a man, and, diverting him from medical duties, form for him a botanical career? At any rate, if reasons of economy prevent it, it is not right to complain that there are no botanists in India, and that competition does not furnish them.

Although there were only forty candidates for forty vacancies at the last examination in August, it is only fair to state that in the preceding February and August examinations there was a very good competition. The Indian Medical Service, we are informed by Professor PARKES, is now getting a superior class of men; and if there were any trustworthy means of comparing them with the men chosen by patronage, he would not at all fear that the trial would be unfavourable to those who enter by the fair and open test of competition.

Medical Annotations.

"Ne quid nimis."

DR. ANDREW WOOD AND THE MEDICAL COUNCIL.

DR. ANDREW WOOD returns to the vindication of the General Medical Council in the December number of the *Edinburgh Medical Journal*. He tells us—what everybody knew who knows his happy nature—that he is not much affected by what critics say. We are sorry he should think so badly of critics as he does, for he says that a fair hearing was not to be expected of them, but a disposition "to carp, to cavil, to find fault, and to hunt down." He maintains that the Medical Council has never met with justice from this unfair class. Did we not see clear indications in Dr. Wood's paper that in his "Revindication" he has ourselves in his mind, we should have read his bill of indictment against the critics in all the dignified silence which comes of a consciousness of fairness. As it is, we shall not do anything so unnecessary as to assert that all we have said of the Medical Council we have said fairly and in the interest of the public and the profession. We have admitted throughout all its history the good it has done in improving both the preliminary and technical education of the profession. But, for all that, we think it too large, too much made up of vested interests and competing corporations, made up of the bodies that want to be controlled, and many of which have done all that they were fitted to do. It is evident that we must soon have an amendment of the Medical Act, and we shall be very much surprised if it does not modify the existing Council. Dr. Andrew Wood, indeed, admits that it needs modification, and would modify it by making it larger, and leaving all the corporations in full force in it. Dr. Wood argues against what he calls a Crown-nomination Council, and in doing so argues against a straw man. At any rate, we do not know that such a Council has ever been proposed.

FRIENDLY SOCIETIES AND MEDICAL FEES AT PRESTON.

PEOPLE that want to be doctored cheaply should go down to Preston. The doctors of that town, represented by the Medical Society, resolved, a few weeks ago, to raise the rate of remuneration for attendance upon the members of Sick and Friendly Societies from 2*s.* to 3*s.* per head per year. This was a most reasonable resolution. The doctors might have gone up to a claim of 5*s.* without exceeding what has been thought moderate in other places. But societies require to be educated in raising their remuneration of medical services, and we are of opinion that changes should be gradual. But reasonable as the demand of the Preston doctors was, it was too much for the Friendly Societies, as we reported a few weeks ago; and they resolved by a huge combination to resist the claim. They argued that as most working men are members of more than one society, they practically pay an average of 5*s.* 6*d.* per year to doctors. This, as we have remarked, is no reason why the rate of pay for any one club should not be sufficient. But huge combinations are not easily formed, and when formed are not easily worked. Accordingly, at Preston, the Odd Fellows, numbering 2500, seceded at the outset from the combination, and resolved to have a medical man of their own. The other societies, however—comprising the Druids, the Foresters, the Ancient Shepherds, the Free Gardeners, the Mechanics, the Sons of Temperance, the Painters, the Joiners, the Smiths, and the Rechabites, numbering altogether 3000,—have formed an Amalgamated Friendly Societies' Provident Dispensary. They have taken premises for a "medical hall" in the principal street of the town, and have appointed their medical officer and staff of attendants. We wish the medical officer joy of his new appointment. We need scarcely caution him against any excessive elation at the prospect of great pecuniary results. The following are the payments for which members of the above societies are to receive "first-class" medical treatment and proper medicines:—For self and wife, ½*d.* per week; wife and one child, 1*d.*; wife and three children, 1½*d.*; wife and five children, 2*d.*; wife and seven children, 2½*d.*, and ½*d.* per week per child more than seven children, and under sixteen years of age. The general public will be admitted to the same privileges on payment of weekly contributions of ½*d.* each in excess of those above specified. It will puzzle most people who know anything about the difficulty of acquiring first-class medical knowledge, and of buying first-class medicines, to understand how they are to be had for the

above sums. We are most anxious to see Friendly Societies fairly, and even generously, treated by the profession; but to expect the above terms to answer is to expect the impossible. No class of patients has a greater interest in receiving the best medical advice and the best medicine than working men and their wives and families. They will one day find it penny wisdom and pound folly to stipulate for attendance on terms which make the use of good medicine, such as quinine and cod-liver oil, impossible, to say nothing of high medical advice. We can only regret that any medical man, who is self-respectful enough to think that he represents "first-class" treatment, should have offered both his medicines and himself on terms which will not pay for cheap medicines. It is as if a skilled workman were to offer his services for a shilling a day.

ON THE CURE OF PHIMOSIS BY SUDDEN DILATATION.

DR. CRUISE, in the last number of the *Dublin Quarterly*, advocates this plan of treatment, which he regards as efficient, safe, and ready. He attributes the success of this method to the circumstance that the contraction is usually situated in the mucous membrane of the prepuce, just at its junction with the skin; consequently, when this contracted point is forcibly opened, the mucous membrane tears up, while the skin expands with the utmost facility. The operation may be performed with a pair of common dressing forceps, and Dr. Cruise gives a drawing of a three-bladed dilator he purchased in Paris; but he prefers an instrument he has himself constructed, in which the handles resemble those of a pair of scissors, whilst the blades are bent at right angles, and terminate in rounded points. These separate as the handles are approximated, the degree of separation being regulated by an arc and screw-nut between the handles. The degree of separation required may be estimated by casting a loop of thread round the glans penis, and so graduating the nut on the arc that on compression of the handles the blades separate sufficiently to tighten it. The preputial orifice is now sought out, exactly where the skin and mucous membrane unite. The closed blades are introduced, care being taken to avoid the urethra, and the handles firmly and suddenly closed. The mucous membrane tears up in the line of the axis of the penis. The pain is said to be sharp, but transient; but no bleeding or other trouble follows. The foreskin should be at once retracted over the glans penis, and kept there for from twenty-four to forty-eight hours, the only dressing required being a piece of lint dipped in cold water.

THE LATE KING LEOPOLD.

THE interesting and important communication from Dr. de Koepl, which has been evoked by the publication of the late M. Civiale's account of the case of King Leopold I., will be read with pleasure by all interested in the progress of surgery, and the part played in it by British surgeons. No one can deny the skill with which M. Civiale laboured to bring lithotrity to its present state of perfection, and it was, perhaps, pardonable for so great an authority to fail to recognise that in the case of the King he had been foiled. There was no denying the fact that the surgeons called in subsequently found a stone, and that Sir Henry Thompson was successful in crushing it, and thus relieving his august patient; and it is evident that M. Civiale had persuaded himself that this was a new formation, and that, so far as he was concerned, a cure had already once been effected. On this point—the only one really in dispute—the evidence of Dr. de Koepl is perfectly conclusive. He writes, and the italics are his own, "La verité est, que *tous les symptomes douloureux et pénibles de la pierre continuèrent sans interruption notable* après la déclaration de M. Civiale qu'il n'y avait plus rien dans la vessie, et que sa mission était accompli." There can be no question, then, that the King's sufferings had never been thoroughly relieved until he came under Sir Henry Thompson's care, and the attempt which has been made to rob that gentleman of the credit due to his skill has been most effectually disproved.

We believe that up to the time of his death M. Civiale, in his lectures, always maintained that he had cured the King by the hands of one of his favourite pupils, and this much he might perhaps justly claim. In all his writings, Sir Henry Thompson has given full credit, and has acknowledged his obligations, to M. Civiale; and the very phrase quoted from the letter of the former in M. Civiale's own paper shows the intimate terms upon which they stood. It would no doubt have been better had the discussion which has ensued taken place during M. Civiale's life, when any misconception might have been readily cleared up; but we cannot regret that the facts of a historically important case should have been fully elucidated.

THE GUARDIANS OF NORTHAMPTON AND THE VACCINATION ACT.

THINGS have come to a serious pass when a Board of Guardians determines to disregard the law of the land. Guardians themselves are the creatures of Parliament, and owe all their authority ultimately to the Legislature. Surely, then, they are acting unreasonably, as well as with much vanity, when they set themselves in opposition to its enactments. But this is just what the Board of Northampton has done. By a majority of 10 to 8, its members have rejected a motion for carrying out the Vaccination Act. They have done this after a long interview with Dr. Stevens, one of the inspectors under the Vaccination Act, who had been sent down by the Privy Council at the request of the Poor-law Board.

The best that can be said of this behaviour of the Northampton guardians is that there is some consistency in it. Northampton has always been famous, or rather infamous, for the neglect of vaccination and the presence of small-pox. Dr. Stevens told the guardians that when he visited that town in 1860 it exhibited greater neglect of vaccination than any other place he had been to. Five years afterwards, Dr. Seaton reported it to be the least vaccinated town of the least vaccinated county he had that year inspected. It has been, and still is according to Dr. Stevens, a centre at which small-pox is constantly present, and from which it is largely distributed to surrounding towns.

It would be a difficult and unprofitable operation to reason with some of the guardians. To men like Mr. Fitzhugh we have nothing to say. Guardians of this type, who can see nothing in the Vaccination Act but pensions, and who are rude enough to suggest that inspectors, who are paid to ascertain the way in which vaccination is performed throughout the country—and than whom there is no more useful class of public servants—"had better come down themselves and prosecute defaulters," such guardians, we say, are better left to themselves. But with other objectors, such as Mr. Newton, we have more patience; and to them we venture to say a few words. From the frequency with which Mr. Newton quotes us, we may flatter ourselves that he has some respect for our opinion. He quotes something from THE LANCET of 1866 about small-pox in St. Giles's. Let us tell him that THE LANCET of 1869 will inform him of the abolition of mortality from small-pox even in St. Giles's by the Vaccination Act. He is staggered by the admission into the Small-pox Hospital of persons with small-pox

after vaccination. Let us tell him that it is well known that the effect of vaccination wears out, and that the operation requires to be repeated; but *that if well and thoroughly* done in infancy, the mortality from small-pox is almost nullified,—even by infantile vaccination. Further, let us ask Mr. Newton—for we have hope of him, if he will take in all the facts—to consider that for thirty years there has not been a case of small-pox among the nurses, and that they owe this security to being revaccinated with human lymph on entering the hospital. There is one other point on which we will reason with Mr. Newton,—the children dying of small-pox who were vaccinated by Dr. Charteris. The small-pox appeared the day after the vaccination. That is, the vaccination had no chance, and the children were as good as not vaccinated. To such children small-pox is known to be a very fatal disease.

But while we are willing to hope that Mr. Newton, and those who have acted with him, will see how unreasonably they are acting, we hope they will also see how responsible is their refusal to carry out an Act of Parliament having such life and death bearings. Northampton is a centre of small-pox, and the ten guardians who constitute the majority in this matter have resolved that it shall continue so. Deaths from small-pox will lie at their door, morally and in point of law. We trust that either the Privy Council or the Poor-law Board will give them to understand that whether they see the wisdom of the Act or not, they must carry out its provisions, or be superseded. It is due to other towns that this centre of small-pox be treated with firmness. The majority must indulge their liberty more innocently than by spreading small-pox.

DEATH DURING THE ADMINISTRATION OF CHLOROFORM.

SOME particulars have reached us respecting the death which took place in the Middlesex Hospital operating theatre on the 29th December.

The patient was a labourer, aged twenty-six, in whose thigh Mr. De Morgan was about to insert a drainage-tube, through a sinus which required enlarging for that purpose. He had disease of the neck of the femur, and had undergone a somewhat similar operation in September last, when chloroform had been taken, which had been followed by much sickness. On the present occasion, half a drachm of chloroform was first poured upon a piece of lint, and, that being exhausted, another half-drachm was applied. By this time the patient was in the second stage of anæsthetisation, and the chloroformist held out the lint to an assistant for another half-drachm. At this moment the man's respiration ceased. His face, pale at first, shortly became livid. Silvester's method was tried without success; the tongue was pulled forward, and electrical stimulus applied by means of a powerful battery which is always kept in readiness in the operating theatre. One pole was placed at the lower part of the chest, and the other at various points in the course of the pneumogastric nerve. Powerful contractions of the respiratory muscles followed, but no trace of revival occurred. One of the jugulars was then opened, but all means failed, and it was evident that the man's death had been instantaneous. Mr. Arnott, surgical registrar, made the autopsy, and we derive the following from his notes:—The lungs were dark-red in colour, and the large bronchial tubes were filled with thin frothy fluid. There was no clot in the pulmonary arteries. The heart was large, and contained only a small shred of decolorised clot in the left ventricle. The wall of the left ventricle was thicker than natural, and the cavities generally were large. The heart weighed 14 oz. Under the microscope, bits of the wall of the left ventricle showed well-marked appearances of granular degeneration, the striæ in many places being obliterated. There were evidences of recent endocarditis on the aortic valves, and traces of an older affection of the mitral valves and neighbouring endocardium. The organs generally were congested. The commencing fatty degeneration of the heart appears sufficiently to account for the fatal effects of the chloroform.

THE PRESERVATION OF MEAT.

WE had an opportunity on Wednesday of witnessing the process for the preservation of meat that has been patented by Professor Gamgee, and that, after many experiments, and much labour and discouragement, he seems at last to have brought to a successful issue. The animals are in the first place killed by being made to inhale carbonic oxide, and the carcasses, when set, are suspended in an air-tight chamber, which is first filled with an atmosphere of carbonic oxide and nitrogen, and to this is afterwards added some sulphurous acid. In tropical or hot climates it is necessary to cool the meat artificially; but in England this is not required. The time of suspension in the chamber varies with the effect that is to be produced, and might be so prolonged as to render the meat at once imperishable and uneatable. But it is said by the inventor that perfect security against change for three or four months may be obtained without any loss of flavour or apparent freshness; and some carcasses of sheep that we saw on Wednesday, and that were about to be shipped to Australia as specimens, were certainly perfect in all respects. Other carcasses, prepared in like manner, have for some little time been sold to butchers, who buy them eagerly, and whose customers, it is supposed, do not discover anything unusual in the joints supplied to them. It may be confidently hoped that Mr. Gamgee's process will not only serve to bring foreign meat in any quantity to our shores, but that it will also prove a great saving to butchers and families by rendering ordinary English meat no longer a perishable article.

A WARNING TO THE PROFESSION.

THE office of executor or trustee is one which medical practitioners should be slow to accept in families which they attend. An instructive case in point occurred at Holloway the other day. Dr. Lankester held on Saturday, at the Prince of Wales Tavern there, an inquest on the body of Mrs. Philips, aged forty-six, who died at her residence in Loraine-road from the effect of poison. The interest of the inquiry was heightened by the fact that the medical adviser of the deceased was executor to her will, and would be, at the death of her only child, the residuary legatee; while, if he himself died, the property would go to his daughter. It appeared that Mrs. Philips's husband had died a year ago, leaving an only son, six years of age. She had lost her mother very shortly after her husband; and the twofold bereavement preyed upon her spirits. On Wednesday, the 29th December, at half-past two P.M., she called her servant, who found her walking into and out of her bedroom. Mrs. Philips said to her, "Run for Mr. Moxon—I'm very bad!" Mr. Moxon returned with the servant; remained with her mistress more than three hours, and, on being asked by Mrs. Philips if she would recover, said, "Yes; you may; but you will have a good deal of suffering." She died at half-past four the next morning. Mr. Moxon wrote to the Coroner to the effect that an old and valued friend had died of poison, and that, as he was medical attendant, as well as residuary legatee to the property by the will of the deceased, he had asked Mr. Kesteven to make the post-mortem examination. He admitted in evidence that he had thrown the bottle with the remainder of the Burnett's dia-

infecting fluid with which Mrs. Philips had poisoned herself into the street, "because he did not want what she had done to be known." Of this act, however, he repented; and sent for the fragments of the bottle, which were collected and brought in. He further admitted that he had refrained from calling in other medical aid, as he wished, for the sake of the family of the deceased, that her act should not be known. Mr. Kesteven deposed that deceased died of poisoning by chloride of zinc. The verdict of the jury was in accordance with the summing-up of the Coroner, "Suicide while in an unsound state of mind." Mr. Moxon may congratulate himself on his escape from a very delicate and difficult position, which, in the hands of sinister-minded and adroit counsel might have proved, as on many similar occasions, very awkward indeed.

DUMB MEN'S SPEECH.

IN THE LANCET of February 22nd, 1858, was recorded a visit paid to the School for teaching deaf and dumb Jewish children to speak, conducted by Mr. Van Praagh at Burton Crescent. In the period which has elapsed since our last visit the little pupils have made considerable progress —the younger ones even more than their seniors—and several new pupils have been taken in. The intelligence of the children is remarkable, and though the tones of their voices are not always pleasant, they are able to make themselves fully understood, and readily read the words off a stranger's mouth, provided he speaks with average distinctness of articulation. Not only are the children well educated in the ordinary elements of an English education, but the elder ones can read and construe Hebrew in a manner which is very surprising.

Mr. Van Praagh is about to extend his operations, and remove his school to 38, Hunter-street, Brunswick-square; and here he will receive day scholars of any religious denomination, who will be instructed as fully as those now under his care, but will have the advantage, for so it appears to be, of mixing with other than fellow-sufferers at their own homes. We would strongly recommend those medical men who have deaf mutes among the children of their patients to examine the system for themselves; and we may point out that cases of partial or complete deafness following scarlet fever, &c., are the most favourable cases for instructing by this method, as the child already knows how to speak, and will then be readily taught how to read the lips of others, and thus be compensated for the lost power of the ears.

STOPPAGE OF THE MAIN DRAINAGE WORKS.

LAST week an accident occurred at the West Ham Pumping Station, which at once paralysed the action of the pumps, and led to the flooding of the sewers and cellars east of the Tower of London. The vicinity of Blackwall and Poplar was heavily flooded, and the Blackwall Railway was covered with water to the depth of more than twenty inches. Extensive deposits were left in the kitchens and cellars after each rising of the tide. Measures were immediately taken to reduce the evil. All the penstocks cutting off the disused sewers which communicate with the Thames were opened, restoring the course which the sewage took before the works were finished; and for the neighbourhood of West Ham engines were employed to pump out sewage into the river Lea. We are informed that the bursting of the air-cylinder was the cause of the stoppage, but that arrangements will be at once made to obviate the possibility of any difficulty in future, by providing an air-chamber and a separate pumping gear for each combination of two steam-engines. There will then be four complete systems of pumping, which may be used separately or in combination. By the time this will be in the hands of our readers two engines will be again at work, and the sewage, instead of flowing directly into the river, will be sent as before down to the reservoirs at Barking Creek.

QUEEN'S COLLEGE, GALWAY.

WE direct our readers' attention to the communications we have received respecting the medical section of the above institution. We do not see that the official reply disposes of the charges which have been made by Mr. Melville. These charges are of a very specific character, and can either be substantiated or controverted; but they cannot be disposed of by a general denial. As it appears that some of the medical graduates have entered the public services, we should be glad to know what course the Directors-General of the Army and Navy Medical Departments intend taking under the circumstances. The General Council of Medical Education might, we imagine, take cognisance of the matter. Queen's College is a Government institution, and the Government could institute an inquiry into the truth or otherwise of the allegations now made.

A NOBLE FIVE PER CENT.

WE must really lift our voice against the creation of additional peerages during the coming Parliamentary session. Peers and their belongings give twenty instead of twenty-one shillings to their doctors. As our own practice lies entirely amongst the highest aristocracy, and as we do not find that the tradespeople who supply us with turtle and venison (our daily food) make a similar deduction from their bills, we must protest against any increase in an unremunerative class of patients. Our more fortunate brethren, who only attend ladies and gentlemen, say that their patients would scorn to cut down the hard-earned honorarium of a professional man; and we must entreat, therefore that these good people be not spoiled by conversion into peers and peeresses.

THE NAVAL MEDICAL SERVICE.

OWING to the delayed scheme of naval retirement, the Navy List for January has appeared without any of that thinning of its lists which is so earnestly hoped for in all branches of the service. The active medical list differs but slightly from its predecessors, the changes being due principally to deaths and retirement. As compared with the list of January last year, the number of inspectors of hospitals is the same, the promotion of Dr. Armstrong and the death of Dr. Stewart (whose decease was too recent, however, for the removal of his name) equalising the two promotions which took place during the year. No promotions to the rank of deputy-inspector having taken place in 1869, the number of these officers is of course reduced from 15 to 13. The list of staff-surgeons has increased from 91 to 98, there having been ten promotions in the year; but the list of surgeons is becoming yearly "small by degrees and beautifully less," there being 183 two years ago, 177 last year, and only 168 at the present moment. This is not very surprising, as promotion from the rank of assistant-surgeon has been almost at a stand-still for long, only 9 assistant-surgeons having gained a step last year, and this after an average of eleven years' service. The list of assistant-surgeons has fallen to 235, and but thirteen new entries have taken place.

We are in a position to announce that a competitive examination for entry into the Naval Medical Service will take place simultaneously with the Indian Army examina-

tion in February. It will be remembered that the competitive system was inaugurated in August last, and, in the present overcrowded condition of the army lists, we should not be surprised if young surgeons of ability and energy should turn their attention to the sister service. It may be well to remind intending candidates that the best man of his year will be entitled to promotion after five years' service.

VASO-MOTOR NERVES OF THE KIDNEY.

A PAPER appears in the last part of the *American Journal of Medical Sciences* by Dr. Tyson, in which he gives the results of his investigations into the distribution of nerves to the vessels of the connective tissue in the hilus of the pig's kidney, and on the ganglia found in connexion with these nerves. The preparations were made from the newly born animal, which was treated after Dr. Beale's method—viz., staining with carmine, washing with a mixture of two parts of glycerine and one of water, and finally preserving in acetic-acid glycerine, containing five drops of acid to one ounce of glycerine. Dr. Tyson gives woodcuts which exhibit bundles of fine nerve-fibres presenting small masses of germinal matter at different parts, together with large ganglion cells, with each extremity of which a nerve-fibre is continuous. Still finer dissection shows the individual fibres, with the subdivisions of the axis cylinder, now generally admitted to occur when this is deprived of the adventitious membranous sheath and white substance of Schwann. Dr. Tyson agrees with Dr. Beale in considering that the ganglia are in relation, through the nerve-fibres which they give off, on the one hand with the capillaries—though perhaps it would be more correct to say with the arterioles,—and on the other with the uriniferous tubes; the function of the latter being afferent or sensory, conveying to the centres an impression, the response to which is transmitted by the efferent nerves, or those distributed to the vessels, whereby the latter dilate or contract their calibre. Hence these nerves may be regarded as regulating the supply of blood to the secreting structure of the kidney: producing, on the one hand, an abundant and rapid flow, accompanied by a distended vessel and proportionate supply of watery urine; and, on the other, a diminished and slower current, and corresponding secretion of urine, probably containing a larger amount of solid ingredients.

LIMITATION OF ENTHETIC DISEASES.

THE good effect of the Contagious Diseases Act is very plainly shown by the following table, comparing the admissions into hospital before the operation of the measure with those of the present year. The table shows that the admissions are now about one-third of their former amount where the Act has been any length of time in operation.

Number of admissions for contagious diseases per 1000 of effective strength.

	Annual ratio in 1868.	Annual ratio in three quarters of 1869.	In the same period, less those who contracted disease outside protected districts.
Plymouth and Devonport	317	155	104
Portsmouth	359	199	123
Chatham and Sheerness	326	352	164
Woolwich	219	190	75
Aldershot	233	195	110

These numbers, nevertheless, are far greater than the proportion in continental armies; that of France being 97, of Belgium 80, and of Prussia 62 per 1000 of effectives. The higher ratio in the British army is kept up by the limited extent to which the sanitary regulations at present reach. It is often stated that these affections are far more prevalent abroad than at home. The assertion is merely conjectural; for exact information respecting the prevalence of contagious diseases among the general population, either in this country or on the continent, has never been collected. But as soldiers are subjected to similar conditions in all countries, the proportion of contagious diseases in various countries is probably very fairly indicated by the state of the armies quartered in them. For this reason we are persuaded that continental countries suffer far less from these scourges than we do in England.

PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

THE third meeting of the delegates appointed by various Medical Societies to consider the proposal for amalgamation between the bodies they represent, suggested by the Royal Medical and Chirurgical Society, was held in Berners-street on the evening of the 3rd inst. The meeting was protracted, and we are happy to be able to announce that considerable progress was made in framing a scheme for amalgamation to be submitted to the different societies. A fourth meeting of the Committee is summoned for Monday next, when it is hoped that the scheme will be completed.

GUY'S HOSPITAL.

CONSIDERABLE progress is being made with the new wing at this hospital, and although it is difficult to believe that it will be ready for occupation in July, as has been stated, there would seem to be every reason to expect that the beginning of the next winter session will find it completed and in use. The comfort of the nursing staff will be materially increased by the additional accommodation which will be provided for them at the top of this building,—a pleasant change indeed from the quarters some of them now occupy in the basement. A large kitchen is contained in the new wing. The wards will be devoted to medical and ophthalmic cases. Down the centre of each floor will be a dwarf partition, instead of the complete one which divides the wards in the other wing, and a freer circulation of air will be thus ensured. On the completion of the new structure, "Lydia," the only physician's ward in the old building, will be given up to the surgeons. A subway will connect the old with the new building, so that nurses and others will be able to pass to the apothecary's shop under cover, instead of traversing the grounds of the hospital in all weathers, as at present. Not the least of the advantages to be derived from the new building will be obtained by shifting the Museum of Comparative Anatomy from its present position, and thus providing urgently required space for the Pathological Museum, which has sadly overgrown its quarters.

A DEATH IN A LUNATIC ASYLUM.

WE read that a patient named Wilson has died, in the County Lunatic Asylum at Lancaster, from pleurisy, brought on by broken ribs. It is high time that a signal example should be made of the attendants under whose care and responsibility injuries of this kind are inflicted. We read of them in constantly increasing number; and many such cases are not brought before the public at all. We heard lately of such an one, in which a delirious patient was taken to a county asylum on a Saturday, and died on the following Monday. His former medical attendant, who had not expected his death, had the curiosity to attend the post-mortem examination, and found, besides

certain changes in the arachnoid, a comminuted fracture of the head of the right humerus, extending through the glenoid cavity, and done nobody knew how or when. In the case at Lancaster twelve ribs were broken, three of them in two places. It is quite impossible that such injuries could be inflicted by anything but direct violence; and there is much reason to fear that, in our overgrown asylums, where medical superintendents are often charged with duties belonging to clerks, stewards, and other underlings, there is really no supervision whatever, and that patients are left to the caprice and the cruelties of brutal or ignorant wardsmen, skilled in various traditional methods of reducing the refractory or troublesome insane to submission. Pains should be taken to bring the guilt of such home to them, and to let it be followed by severe and signal punishment.

DR. LEONARD AND THE CONTAGIOUS DISEASES ACT.

AFTER an honourable service of more than forty-six years, Inspector-General Dr. Leonard, R.N., has felt it right, through increasing years, to retire from active service, and he has resigned his appointment of Inspector of Hospitals, which he held under the Contagious Diseases Act of 1866. The Admiralty have promoted Dr. Sloggett, R.N., the examining surgeon at Plymouth and Devonport, to the vacant post; and have, on the recommendation of the Director-General, appointed Staff-Surgeon Thomas R. Pickthorn, R.N., to be examining-surgeon for the Plymouth district. Both "my Lords" and the War Secretary have handsomely complimented Dr. Leonard for his service in effectively carrying out the Act of 1866 up to the present time; and no less flattering testimony has been accorded his long career of distinguished service afloat by the Naval Director-General. We may be permitted to add one fact which does him infinite credit. It is this, that in the difficult task of administering the Lock Hospitals, Dr. Leonard has specially insisted that the fallen women should be treated tenderly, and cared for with charity and forbearance, having kept steadily in view their ultimate reformation; and he has thus done much to give prominence to the humane character of the present legislation against contagious diseases. Dr. Sloggett has performed his duty with great zeal and efficiency, which qualities he will no doubt carry with him in his new office. He had the misfortune to rouse a good deal of opposition on the part of several members of the profession connected with the Royal Albert Hospital at Devonport, but this feeling will, we trust, not be permitted to interfere with the *entente cordiale* between them and his successor.

MEDICAL HISTORY OF THE BENGAL ARMY IN 1868.

WE have received a very interesting report on the Medical History of the Native Army of Bengal for the year 1868, compiled by Surgeon-major J. T. C. Ross, but regret that pressure on our space prevents our noticing it at length. The report is valuable, not only from the fact that it is the first of the kind published officially by the Indian Medical Department, but also from the useful matter it contains; and we commend its careful perusal to all who are interested in the subject of Indian sanitation. In the sketch given of each regiment, the medical officer is allowed to speak for himself, so that facts are given in their true colours, and a reliable account of the state of the ninety regiments concerned is obtained. One very interesting point discussed is the collection of malarious poison in the gorges leading to the mountain ranges, and through which Europeans pass on their way to the latter.

THE ARCHBISHOP OF CANTERBURY.

THERE is no truth in the report that the Archbishop of Canterbury has suffered a relapse. We are happy to say that His Grace is going on very well.

SALE OF POISONS.

No less than four cases of negligent or improper dispensing of poisonous drugs are before us in the newspaper reports of the past week. The first is that of a chemist in Seven Dials, who was summoned to Marlborough-street Police Court by the secretary of the Pharmaceutical Society for selling oxalic acid and strychnine by retail without having the names of the articles and the name and address of the seller upon the wrapper; this case was adjourned for further hearing. Example No. 2 is that of a chemist at Cardiff giving a man a dose of laudanum in mistake for a black draught, a fatal result being fortunately avoided by the timely administration of an antidote. In the two other instances, chemists at Deansgate (Manchester) and Coventry have both incurred the censure of a Coroner's court for selling laudanum or opium in quantities sufficiently large to cause the deaths of the purchasers, the precautionary measures required by law not having been taken by the vendors at the time of sale.

THE CORONERSHIP OF EAST BERKS.

MR. WILLIAM CLARKE, solicitor, the Coroner for the East part of Berks, is dead, and his place must be immediately filled up. The appointment rests with the freeholders, who, it is stated, are likely to elect Mr. William Weedon, also a solicitor, to the vacant post. Is it yet too late for the freeholders to inquire whether or not Berks includes among her very competent medical practitioners a better man than Mr. Weedon? This gentleman has, for some years past, acted as deputy during the illness of Mr. Clarke; but without any disparagement of his abilities, we think that recent inquests have conclusively shown that, *cæteris paribus*, the post of coroner is more appropriately filled by a medical than a legal professional man.

THE WELSH FASTING GIRL.

THE proposal to expose the fraud of the Welsh fasting girl originated, we believe, with a gentleman who is the general correspondent of the London and the local press. This gentleman formed the committee, consisting of medical men, clergymen, and other people of mark in the neighbourhood. He was in daily correspondence with two physicians in London, one of whom is a member of the staff at Guy's, and both of whom pressed upon their correspondent the necessity of keeping the medical members of the Welsh committee to their work, in case any appearance of exhaustion should come on. That several of the local committee should have retired early from so discreditable a business is not perhaps surprising, though they would have deserved better the thanks of the community if they had stuck to their colours, and have insisted upon feeding the poor child whether she would or not. We again repeat that no excuse can be offered for any of the parties concerned, and least of all for those members of the profession who ought to be fully acquainted with the nature of such cases.

PERSPECTIVE IN EXCELSIS.

WE beg leave to call attention to a picture which appeared last week in the columns of a contemporary. It is drawn in strict accordance with the rules of art that are said to prevail in the kingdom of Japan; the principal point to which attention is to be directed being distin-

guished by especial size, while all subordinate parts are drawn in concentric zones of constantly-increasing littleness. The effect is that the female genital organs, the leading feature of the picture in question, present a vast chasm to the astonished spectator; and that from this chasm a trunk, head, and lower extremities feebly and irregularly radiate. We have speculated in vain with regard to the pathological or therapeutical purpose that such an illustration can serve; and, as the journal in question does not desire a sale beyond the circle of its subscribers, and can therefore have no motive for seeking to enhance demand by violations either of Lord Campbell's Act, or of the decency that that Act was intended to maintain, we trust that the error of judgment to which we have referred may not readily be repeated.

THE LAMBETH GUARDIANS AND THEIR MEDICAL OFFICER.

WE are glad to record the kind and considerate conduct of the Lambeth Board of Guardians towards their medical officer. That gentleman, who has held his appointment for sixteen years, and is said to be "spoken very highly of by the poor," appears to have committed some irregularities, such as taking medicine from the Union for use in his own family, and engaging in private practice contrary to his agreement. The Poor-law Board have called upon him to resign; but the Board of Guardians, thinking the punishment too severe for the offence, have memorialised the Poor-law Board to reconsider their decision. We think public opinion will support them; and the state of the domestic dirty linen closet at Gwydyr House is not such as to justify the authorities in being extreme to mark the faults of an old and respected public servant. The office of Poor-law surgeon, even in the pleasant suburb of Lambeth, does not seem much to lose; but a man who has held it for sixteen years has probably acquired much valuable experience, and has certainly lived a life that must have shut him off from many of the ordinary roads to professional promotion and success.

PUERPERAL MORTALITY.

FROM an abstract of the Waterford Lying-in Hospital register, now before us, it appears that between the 1st of March, 1838, and the 20th October, 1869, the number of women delivered in the hospital was 3628, of whom 15 died in childbed: these deliveries resulted in the births of 3522 living children, of 157 still-born, and of 33 infants who died shortly after birth. Out of every 241 deliveries, one was fatal to the mother; and 43 mothers died to every 1000 children born alive, the corresponding ratio for all England, as given in the Registrar-General's Reports, being 5·0 per 1000. The proportion of still-born to children born alive was as ·44 to 1000.

THE LIVING AMONG THE DEAD.

AT the last meeting of the Lambeth Guardians, the Master of the Workhouse complained that the removal of bodies to the deadhouse was left to the helper, and that cases had occurred of people being so removed who were not only not dead, but had sufficient life in them to actually get well again. The Master suggested that no body should be removed to the deadhouse until a medical officer had pronounced that death had taken place, and the Board adopted the suggestion. There is something inexpressibly revolting in the idea which the above statement conveys of the unseemly haste to be rid of the pauper "whom nobody owns," by removing him before he is dead. Such a contingency ought not to be possible in any workhouse, much less in a metropolitan one.

PRESENTATION TO SIR JAMES ALDERSON.

A DEPUTATION, consisting of fifteen gentlemen who were educated at St. Mary's Hospital, waited upon Sir James Alderson, at his residence in Berkeley-square, on Thursday, the 30th ult., for the purpose of presenting a congratulatory address from the former students of that institution.

After a few words of introduction from Mr. Geo. G. Gascoyen, the address (which was written on vellum and beautifully illuminated by Warrington and Co.) was read by Dr. Felce. Sir James spoke briefly, expressing his great pleasure at receiving this mark of sympathy and affection from his former pupils, and promising a more detailed reply in writing.

THE SANITARY STATE OF WAKEFIELD.

WE have received the Report, made by Mr. Netten Radcliffe, and just issued by the Medical Department of the Privy Council, upon the sanitary, or rather insanitary, state of Wakefield. The document enters fully into many details, and is worthy of a minute and careful examination. Moreover, it deals with a town that is probably only an average type of a class, and this class contains a very large proportion of the population of England. The whole question deserves and requires a more extended notice than our space will now permit; and we hope to deal with it in our next impression.

THE VALISE EQUIPMENT AND THE CARTER KNAPSACK.

SEVERAL of our contemporaries, in commenting upon the knapsack of Colonel Carter, have, we regret to observe, been led to publish certain statements in reference to the comparative merits of it and the valise equipment recommended by General Eyre's Committee, entirely at variance with fact. It is admitted that the weight is best distributed in the case of the valise, but objected that certain military requirements are not met by the latter, mainly because the ball pouches are in the way of the free use of the arms. Now it so happens that those who have worn the valise are unanimous in declaring the contrary, for this was a point specially attended to from the moment the valise equipment was sent to Hythe, at the outset of its trial, and before being issued to regiments, until the present time. Our contemporaries appear to be ignorant of the published reports of the Knapsack Committee, and they certainly have too readily accepted *ex parte* statements. The objections urged are not the soldiers'. Hygienically, the valise is infinitely to be preferred to Colonel Carter's heavy knapsack, which is wrong in principle, with its rods liable to be broken in active service, rendering the whole thing at once useless. The evidence in favour of the valise, as compared with any other equipment, is conclusive; and we happen to know that it finds stronger advocates each day amongst commanding officers and men.

WORKHOUSE MANAGEMENT AND WORKHOUSE JUSTICE.

IF anyone requires to be convinced of the utter inefficiency of the Poor-law Board, we would recommend the perusal of a letter which has been recently addressed to the President by Mr. Samuel Shaen, the gentleman by whose patient and persevering efforts the pauper inmates of Lambeth Workhouse have been relieved from the cruel and oppressive treatment to which they had so long been subject. Mr. Shaen exposes the silence and contempt with which the complaints of paupers are usually received, not only by the guardians, but by the Poor-law Board. He condemns the mode of conducting Poor-law inquiries, and the employ-

ment of practising physicians and inexperienced barristers to conduct them. He shows that the most ordinary rules of justice were set aside at the recent inquiries at Lambeth, and quotes a statement of Mr. Fleming as a fair specimen of a Poor-law officer's notion of evidence. Mr. Fleming *informs* Mr. Shaen that the Guardians *inform* him, that the matron *informs* them, that the sub-matron *says* her "statements were true." An amusing *précis* is given of the supposed minutes kept at the Poor-law Board; indeed the whole pamphlet affords an admirable *exposé* of the "circumlocution and how not to do it" practices of this mythical and practically irresponsible department of the Government.

THE Home Secretary has informed the guardians of St. Pancras that he has no jurisdiction over the coroner, but at the same time expresses his opinion that no unnecessary inquests have been held by him upon the inmates of the workhouse. The guardians resolved to address the magistrates on the subject, and we can only hope that they will meet with the same rebuff.

THE annual meeting of the Pathological Society was held on Monday last. The Council were enabled to congratulate the members on the continuous prosperity of the Society, and upon the fact that this year the receipts exceed the expenditure, notwithstanding the publication of a very handsome volume of Transactions.

ON Saturday last a well-merited testimonial was presented to a highly-respected member of our profession. Mr. Evan Parry, M.R.C.S., who has been for upwards of twenty-five years in practice at Crickhowell, was waited upon by the officers and men of the 23rd Brecon Rifle Volunteers, in which corps Mr. Parry holds the appointment of surgeon, and was presented by them with a very handsome electro-plated tea-tray, salver, claret jug, and biscuit-box, each bearing a suitable inscription, plainly evincing the high regard and esteem in which he is held by those who appreciate his value.

THE Council of the Pharmaceutical Society have represented to the Board of Inland Revenue that it is desirable that the abolition of the patent medicine stamp and licence should take place, such a step being entirely in accordance with the spirit of the Pharmacy Act of 1866. Will the Chancellor of the Exchequer feel disposed to give up more than half a million revenue a year from this source?

THE Duke de Persigny is now confined at his residence of Chamarande, whence he cannot move on account of an affection of the bladder which prevents the sitting posture. MM. Nélaton and Ricord have both been summoned to Chamarande, but decline operating for the present.

THE appointment of surgical registrar to the Middlesex Hospital, vacant by the resignation of Mr. Arnott, is to be filled up to-day. There are numerous candidates, including more than one Cambridge graduate and a distinguished pupil of Guy's.

FOOT-AND-MOUTH DISEASE has broken out at Preston, but from the latest accounts it has not spread, and is not expected to be of much consequence.

THE registered mortality in London last week was exceedingly great, the deaths being at the annual rate of 33 per 1000 persons living. Arrears of registration from the previous (Christmas) week are said to be the cause of last week's heavy record of deaths.

THE Poor-law Board has appointed Mr. Montague Bere, Q.C., a commissioner to inquire into the charges made by the St. Pancras guardians against Dr. Ellis, the medical officer to the workhouse infirmary. The inquiry was opened by Mr. Bere yesterday (Friday) morning, at eleven o'clock.

RELAPSING FEVER has made its appearance in Manchester. Its victims belong to the poorest class. So far, it would seem, only a mild type of the malady has shown itself; but Mr. Bowring, one of the medical officers of the union, has warned the board of guardians to be prepared for the possible spread of the epidemic in a more serious form.

AT Stoke Infirmary a system of lady nursing has been commenced under the superintendence of Miss Beck, who has been joined by some local ladies, who now reside inside the infirmary.

Correspondence.

"Audi alteram partem."

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—As the feeling in favour of a general medical examining board has of late been gaining ground, I beg to offer the following observations, in the hope that they may assist to form a decided opinion with regard to the subject.

The preamble of the Medical Act stated that its object was to enable "persons requiring medical aid to distinguish between qualified and unqualified practitioners;" and it was enacted accordingly, that all persons duly registered as graduates or licentiates of the universities and corporations, or other medical associations of Great Britain and Ireland, should be entitled, according to their qualification or qualifications, to practise medicine or surgery, or medicine and surgery, in any part of her Majesty's dominions. The Poor-law Board of England applied for information to the Medical Council as to the import which each title should bear with reference to its extent of qualification; and it seemed that the proper guide here was the principle which had been so long and earnestly maintained during the thirty, or rather forty, years' war of medical reform—that the extent of privilege to practise should correspond with the extent of education and examination. But this simple view of the case did not please the representatives of the corporations, who were then dominant in the Council, and who contended that each body should qualify for only one department of practice, so that the universities would require some extra-academic assistance for giving a full title. It may here be remarked that the original members of the Medical Council, representing as they did bodies who had been long engaged in bitter contention, were naturally disposed to maintain what seemed to be the interests of their respective constituents. But all this feeling has long since passed away, and for many years the Medical Council has viewed the questions that came before it with a single regard to the advantage of the public and the profession.

As the London College of Surgeons took no cognisance except of anatomy and surgery, it was properly limited to surgery, while the London College of Physicians and Society of Apothecaries were, on a similar ground, restricted to physic, so that these bodies might have united to give, not a double, but single complete qualification. The Universities of Oxford, Cambridge, London, and Durham were, of course, restricted to the practice of physic. But the Universities of Scotland had long given the degree of M.D., founded upon a complete education and examination, which, although accepted both in civil practice and the public service, as a good qualification for both physic and surgery,

the Medical Council held should be accepted merely for the former department. The Edinburgh College of Surgeons had also long given a general qualification for practice, in their diploma, and indeed justly boasted of having taken a lead in extending the scope of medical study; but, on the principle of requiring a double qualification, were restricted to surgery.

There was thus a field opened up for the Edinburgh College of Physicians, who had previously not taken any part in medical education, but then resolved to give licences not only for supplementing the surgical diploma, but for comforting the English apothecaries, who languished under the ignoble title of general practitioners. These gentlemen they took under their wing, and, without any examination, hatched them as full-fledged physicians, at the moderate charge of ten guineas a piece, so as within a year to replenish their coffers to the amount of no less than £10,000, and have since driven a thriving trade in the less objectionable form of requiring an examination of their candidates.

The double qualification being thus established, the Universities of Scotland, in self-defence and with great reluctance established a Mastership of Surgery, which was given without any addition to the study or examination required for the degree of M.B.

All this having been so arranged, it was pointed out to the Council, that the object mentioned in the preamble of their Act would be imperfectly accomplished, since men might be registered as Surgeons or Physicians, with a qualification limited to one of these departments, so that a patient who had broken his leg, might send for a doctor who could only prescribe physic, while another might seek aid for a sore-throat from one who had no authority to give him a dose of medicine. It was then resolved that no person should be registered who had not gone through the whole course of medical as well as surgical study; and so the case stands at present, the double qualification being still deemed necessary, although it requires the same education from two different bodies, than which it is not easy to imagine anything more absurd or injurious. The bad effects thus resulting, and the means of remedy that may be employed, will, with your permission, be discussed in another letter.

I am, Sir, yours truly,

Edinburgh, 2nd Jan., 1870. JAMES SYME.

ALCOHOLIC STIMULATION IN DISEASE.

To the Editor of THE LANCET.

SIR,—The admirable leader in your last number leaves little to be said upon the discreet use of alcohol, except on the point which has more especially led me to rank with those who are extremely cautious in recommending stimulants to their patients. I do not object to the medical man employing alcohol if his judgment approve of its use, for he has as much right to administer it as any other form of medicine or diet; but I do strongly object, in the present unsettled state of the question as to the value of alcohol as food, to his assuming that he possesses in it an equivalent for good nourishment. This assumption and grievous practical error I am witnessing every day. The instance, perhaps, where the error is most striking is in a case like that of enteric fever, where good feeding is so necessary, and where we have an opportunity of comparing the results of private and hospital practice. Now, in a disease of this kind, in which the temperature is six degrees above the normal standard, indicating an excessive amount of tissue-change in the body, and which, according to physiologists, is equivalent during one day to what would take place if the patient, in health, had walked fifty miles, it is evident that much nutriment is required. Theoretically, this is obvious; and, practically, the profession has universally agreed to follow Graves's dictum—to "feed fevers." Now, since the condition of the alimentary canal precludes the use of solid food, it might be thought that milk was the best substitute; and, as a matter of fact, I may say for myself that since I have treated my patients on four or five pints of milk daily my success with fever has been much greater than heretofore.

Now what do I constantly witness in private practice? The patient I visit is a young lad or young lady, and the doctor and myself perfectly agree as to the nature of the case, the course it will run, and the treatment required; further, to ensure the fulfilment of his orders, the services of two nurses have been procured, one of whom is in constant attendance with a devoted mother and sister. Now what is the condition of the patient who has been ill a fortnight with enteric fever? He is extremely wasted, his skin dry and hot, restless, wakeful or delirious, tongue parched, and his pulse 150. I am informed that the patient has had plenty of nourishment, and am shown the table before me covered with cups of beef-tea, jelly, brandy bottles, physic bottles, and wine decanters. I am further assured that the patient has had three or four cups of beef-tea daily, some jelly, eight or ten ounces of brandy, five or six glasses of champagne, and his medicine containing five grains of ammonia every four hours. To prove the regularity of the administration of these different things, the nurses display their written papers as vouchers. It is now evident that the patient is dying of starvation and stimulation. No mortal man could be in any other condition who had been attempting to live on a little beef-tea and jelly for a fortnight, supplemented by brandy, champagne, and ammonia. In fact, I scarcely know a better formula to produce wasting, hot skin, parched tongue, irritable heart, restlessness and delirium. I am not overdrawing the picture, and as for modifications of it, I witness them every day. I have no objection to wine or brandy in their proper place, and when judiciously administered; but I do strongly object to the assumption that they can be for any lengthened period of time taken as substitutes for food. I confess, too, to be almost overcome with regret when I see my hospital patients doing well, and see the young people in a rich man's house literally dying of *starvation and stimulation*.

I am, Sir, your obedient servant,

Grosvenor-street, W., Jan. 3, 1870. SAMUEL WILKS.

*** We agree most heartily with Dr. Wilks as to the first-rate importance of administering plenty of milk to febrile patients; and no doubt the practitioner who neglects to use this form of nutriment, when the stomach will bear it (as it usually will), commits a serious error. But we must say that it certainly is not at all in accordance with our observation that alcohol *quickens* the pulse in fever, unless it be given in quite unsuitable cases, or in the clumsy and unscientific method of large single doses, instead of numerous small ones. On the contrary, nothing is more remarkable than the effect of alcohol, properly given, in *slowing* the pulse, while at the same time its tension is raised. The "wasting, hot skin, parched tongue, irritable heart, restlessness, and delirium," which Dr. Wilks speaks of, ought fairly, we think, to be ascribed to the foolish attempt to feed pyrexial patients without milk, rather than to alcohol, even supposing that to have been injudiciously used. And as regards the "unsettled state of the question as to the value of alcohol as food," we cannot quite allow that to pass unchallenged. Alcohol, as such, has been most abundantly proved to *disappear*, in great part, within the organism; and this oxidising process must evolve force. That the force so evolved does assist vital function is scarcely now to be doubted. The reason why alcohol is not universally useful in fever seems to be owing to the differences in the rapidity with which different patients carry on this secondary digestive process within the blood. Where it is slowly and with difficulty performed, narcotic depression of the nervous system more than counterbalances for evil the nutritive advantages of the alcohol.—ED. L.

AN APPEAL TO THE PROFESSION.

To the Editor of THE LANCET.

SIR,—The Committee of the Medical Benevolent Fund earnestly crave your assistance in bringing before the profession the great need of a number of applicants—medical men, their widows and orphans, whom they are powerless to aid at present from want of funds.

During the past year the calls upon the Medical Benevo-

lent Fund have been more numerous than at any time since the commencement of the Fund in 1836. The number of cases relieved in 1869 (besides the 35 annuitants) is 125, as against 106, the highest number in any previous year. In this way upwards of £1000 have been expended, in grants varying in amount from £2 to £20.

At our meeting on Tuesday last there were 19 applications, but unfortunately we had less than £50 at our disposal, and as a consequence most of these have been postponed for a month, in the hope that by that time means will be forthcoming to relieve them. Some of these cases are indeed of a most painful character. Five are widows, whose husbands have recently died while still in their prime, each leaving a large family, and in only one of these is there any sort of provision, and this only a policy of insurance for £500, for a widow and *ten* children. Another is a widow who has for several years striven hard, with varying success, to support herself and children, but who is now obliged to succumb from failing sight and inability to obtain employment. Two others are ladies—orphans—who have for some years maintained themselves, and aided their respective families, as governesses; but phthisis in one case, and a very painful malady in the other, have obliged them to give up their situations, and to seek assistance from this society. And such are but average specimens of the cases brought before our Committee for investigation month after month, and to assist in relieving these we appeal with confidence to our brethren, some of whom have indeed given most liberally, both in time and money; but still there are doubtless thousands more who have the means and the heart, but who know nothing of this quietly-working Benevolent Fund, and it is to these more especially that we look for help on this New Year's Day.

The benevolence of the Medical Profession, is universally admitted and admired; surely it will not be lacking towards those of its own body in distress, nor will its charity be denied to the widows and orphans of its own members.

Contributions will be thankfully received by either of the undersigned, and acknowledged in THE LANCET.

CHARLES J. HARE, M.D., Treasurer,
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Jan. 1st, 1870.

PUNCTURED WOUND OF THE THORAX TRANSFIXING THE LEFT VENTRICLE.

To the Editor of THE LANCET.

SIR,—The "Outrage at Ewell," by wilfully blowing up a house with gunpowder, will be fresh in the memory of your readers from the accounts in the daily press.

Some account of the condition of the man Huggett, who committed the atrocious act, and was found with a wound of the throat and a stab over the region of the heart, may be of professional interest, more especially as a medico-legal question arose with regard to the power of the man to self-inflict the wounds so shortly after exposure to the shock of an explosion of 28 lbs. of gunpowder.

I was called to the scene of the explosion on the morning of the 22nd Dec., and reached the spot about half an hour after the occurrence. I found the man Huggett lying on his back amongst the fallen bricks and *débris* in the front room of the adjoining house to that in which the explosion had taken place. He had been driven through with the forcing in of the partition wall. The explosion had reft the walls of the house in all directions, and blown a stack of chimneys from their base on to the roof. Huggett was *insensible* at the time I arrived, breathing slowly and feebly, with a fluttering pulse, and cold surface. I poured some brandy between the teeth, which gradually passed down the throat, and repeating this once or twice consciousness slowly returned. He smelt strongly of exploded gunpowder; his hands were burnt, and his face blackened and charred. His clothes were burnt in various places, but there was no serious burn of the body. An open clasp knife was picked up by his side. On the throat was a superficial wound about two and a half inches long, dividing the skin and superficial fascia only, and jagged as though inflicted with a blunt instrument. Blood was not flowing from this wound. On raising the guernsey and flannel shirt from the abdomen and thorax they were found saturated with blood, which was now seen to flow from a punctured wound of the thorax. This wound was transverse, measuring half an inch. It was on the lower edge of the fifth rib, in a line with the nipple, and three-quarters of an inch below it. No ribs were fractured, but on firm pressure over them air passed out of the wound. The little finger just entered the wound, and could be passed between the fifth and sixth ribs through the divided intercostal muscles.

His state two hours afterwards was as follows:—Consciousness perfect; answered questions, and gave his reason—jealousy—for committing the act. He was very restless, raising himself on his elbow continually, and begging for cold water. Pulse 86, moderately full and regular; surface warm except the feet; shivers when the surface of the trunk is exposed; breathing hurried; general distress great, which I understand continued to increase up to the time of his death, six hours after the injury. I regret that my duties to the two other injured men and a call to a confinement rendered me unable to see Huggett again during life.

Sectio Cadaveris.—On enlarging the external wound on the thorax, the surface of the heart came into view. The pericardium contained a coagulum weighing 6 oz. On the surface of the left ventricle, an inch and a quarter from the apex of the heart, and corresponding with the parietal wound, was a transverse wound measuring five-eighths of an inch, the exact counterpart in shape of the blade of the knife already mentioned. On raising the heart this wound was seen to pass completely through its substance, puncturing the pericardium behind it, and slightly entering the lung, which had collapsed. When the ventricle was opened the puncture was seen to have traversed its cavity, close to the apex, dividing some of the columnæ carneæ. The left pleura contained nearly a pint of bloody fluid.

The organs of the body generally were healthy. A question was raised by some of the jury whether the wounds were self-inflicted. It was known that a scuffle had followed Huggett's entrance of the house between him and Spooner (now dead), the occupant. Huggett was insensible when found some minutes after the explosion. He remained so when I reached him. Spooner, who was pushing him out of the house, said he saw no knife in Huggett's hand. While in the act of pushing him, Huggett threw something towards the fire, and the explosion took place. The knife is shown to have belonged to Huggett. Spooner and the third man injured were *sensible* immediately after the explosion; one of them, in fact, ran into the street on fire.

There seems no reason, therefore, why Huggett may not have been conscious, and, having committed a dreadful crime, have come to the desperate determination of destroying himself as he lay in the ruins he had made.

I am, Sir, your obedient servant,

Dorset House, Ewell, Jan. 1870. G. R. BARNES, M.D.

DIMINUTION OF CONTAGIOUS DISEASES AT WINDSOR.

To the Editor of THE LANCET.

SIR,—As much has been said for and against the advisability of extending the Contagious Diseases Act to the civil population, I send you a few facts which may prove not only interesting, but instructive, as to its efficient working in one of our garrison towns.

The battalion to which I belong left London for Windsor on the 1st of March, 1869, and as the Contagious Diseases Act was in force in that town, the men were carefully examined immediately after their arrival, and those found affected were sent to hospital for treatment. The admissions for venereal during the first four months of our stay were only thirty; nearly all the cases were of a mild form, and readily amenable to simple treatment. Upon the 1st of September the battalion returned to town, and was quartered at Chelsea barracks; the number under treatment was then only seven. From that date to the present, venereal disease has been greatly on the increase; as many as 108 cases

have been admitted into hospital during the last four months, nearly four times the number for a like period at Windsor.

Admissions for Venereal Diseases.

WINDSOR.		LONDON.	
March	11	September	17
April	6	October...	29
May	6	November	23
June	7	December	39
Total	30	Total	108

I may add that formerly, before the Contagious Diseases Act was put in force at Windsor, the number of cases admitted, and the severity of the disease, were greater at that station than at any other.

I am, Sir, your obedient servant,

WILLIAM R. LANE,
Assistant-surgeon, Grenadier Guards.

Jan. 1870.

UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—May I be permitted to ask your opinion, and, through the medium of your columns, to solicit that of those members of the profession who may be interested in the matter, upon the state of the present examination for the M.D. degree of the University of London.

For that of M.B. there are four examinations; under the existing regulations that candidate is fortunate who is able to obtain the degree within six years from the commencement of his professional studies, the majority of students taking a much longer time. The stringency of these examinations, and the high standard fixed for each of them, are well known to you, and need no remark from me. Although, as a test of professional knowledge, they are far superior to those for the M.D. degree of any other university, yet the M.B.s of London are proclaimed by the Senate to have no right to assume the title of "Doctor," although every other university permits and even encourages its medical graduates to do so. After receiving the degree of M.B., candidates have to spend a further period, varying from one to five years, in practical professional work, or in receiving clinical instruction at an hospital, before they can proceed to the degree of M.D. To obtain that they are required to pass a stringent examination in medicine (having previously passed another, equally stringent, for the M.B. degree). To this not much objection can be made; but in addition to medicine they have also to pass in logic and moral philosophy, in which subjects the standard is also extremely high, and of which a knowledge cannot be acquired, sufficiently for the requirements of the examination, in less than a year, by the average of medical students, and even that period is barely sufficient. So that after two severe preliminary examinations in arts and scientific subjects, followed by two examinations universally admitted to be more stringent than those of any other university in the world, in every subject in any way connected with professional matters, the candidate for the M.D. degree may have to wait as much as five years before presenting himself for that degree; he then is required to pass an examination in abstruse metaphysical subjects, wholly unconnected with his profession, and of no possible use, practical or theoretical, in the practice of that profession, and this when he may fairly be supposed to be engaged with the responsibilities of practice, and has long emerged from the condition of a student.

May I inquire whether, in the opinion of yourself and of your readers, some alteration is not required in this examination; and whether it is deemed expedient that after a man has passed, I may say a considerable portion of his life in the acquisition of professional knowledge, he shall be called upon to plunge deeply into studies of the kind I have mentioned? Whether, if an examination be required at all for the degree of M.D., it would not be much preferable in all respects to have an examination in subjects wholly professional? Whether an examination like this enhances the value of the London M.D. degree in the estimation of either the public or of the medical profession, and does not rather lower it, and that in no small degree?

It seems to me that after a student has obtained the degree of M.B., he should be at liberty to devote himself to his profession for the rest of his life; that the retaining of such subjects as the above, in the syllabus of the University relating to medical degrees, is but the maintenance of an old tradition of the middle ages, which is now ignored, either entirely or to all practical purpose, by all other British Universities, so far as I am aware; and that the *prestige* of the London degree (which is, I presume, intended to rank first of all medical degrees), has suffered and will suffer, considerably in both public and professional estimation, if the examination in Logic and Moral Philosophy be not abolished, or at least considerably mitigated in severity.

I am, Sir, your obedient servant,

ALPHA.

*** Although we print the letter of our correspondent, we must not be considered in any way to endorse his complaint or to approve his suggestion. The University of London does not profess to educate the medical profession, but the teachers of the medical profession; and much of the time mentioned by "Alpha" may be saved by men whose talents and industry enable them to pass previous examinations in the first division. It would be equally a blunder and a calamity if the regulations of the University were to be relaxed. With regard to logic, it is surely irony to say that it has no bearing upon the practice of the profession! If it has not, so much the worse for the sick. And if it had not, both for it and for moral philosophy we might justly urge that the most crying requirement of our day is an education that shall enable doctors, by hard work at difficult studies, to comprehend and solve problems of great intricacy. The Roman legionaries owed much of their success in arms to the fact that they exercised with weapons much heavier than those with which they fought, so that a battle was a recreation when compared with a review. In like manner, the training of the highest ranks of the profession should be such as to make them mental athletes; and for this purpose neither time nor labour should be spared.

With regard to the question of title—it is one on which the Senate has a right to impose its own terms. It is clear that the different degrees must be distinguished in some way; and what way can be better than by restricting the holder of each to his own proper appellation?—ED. L.

ST. BARTHOLOMEW'S HOSPITAL AGAIN.

To the Editor of THE LANCET.

SIR,—As a student of St. Bartholomew's Hospital, allow me to ask your readers if it be not a disgrace to one of the first medical schools in London that a woman should be allowed to clean out the dissecting room, where there are at least eight bodies, both male and female, in different stages of dissection? May I not ask if this be not contrary to all laws of decency, if not of morality? Enclosing my card,

I am, Sir, yours truly,

Jan. 1, 1870. STUDENS.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

A PATHOLOGICAL SOCIETY meeting on Christmas-eve, over a trayful of specimens, is surely an exhibition of *quasi*-morbid scientific enthusiasm. Last Friday's gathering of the Pathological and Clinical Section of our B.M.A. Branch was fairly attended, and a good few "exhibits" of more than average interest were passed round and commented upon by Dr. Malins, of Cradley, Dr. Welsh, of the General Hospital, Dr. James Hinds, Mr. Vincent Jackson, and others. Nothing specially important turned up, but the meeting deserves notice as the last of an active year, and as bearing on the question of amalgamation of Medical Societies. Last year it was suggested, with a prospect of success, to amalgamate

the Midland Medical Society with the local Branch of the B.M.A.; but the project fell through, and a third Society was formed, which, though nominally a section of the Branch, is, to all intents and practical purposes, a new Pathological and Clinical Society. The result of the year has been to prove that the addition to the centres of activity has been eminently productive of advantage. More papers have been read, more specimens have been exhibited, and a larger number of practitioners have taken part in the debates, than in any previous year. When the formation of an English Academy of Medicine is contemplated as the result of fusing into one body the metropolitan Medical Societies, the idea of scientific unity appears to exclude some practical considerations. The French Academy derives its national importance from its history, from its intimate alliance with the State, and from the solidarity which the Institute of France maintains between all the learned bodies. But the Biological, the Surgical, and other Societies flourish in Paris with the Academy; and it does seem that, practically, no less than as a philosophical axiom, it is well to bear in mind that unity is best secured by a free development of differences, to which centralisation is not generally conducive.

The Sick Club question has made steady progress during the year, thanks in no small degree to the judicious policy pursued by Mr. C. A. Newnham and Mr. Macpherson, respectively the president and secretary of the Friendly Societies' Committee. Amongst Dr. Heslop's efforts for the benefit of his professional brethren, his memorable speech on the sick club question must ever hold a foremost place. It was exhaustive and unanswerable, eloquent and true. But once more it was to be proved that effects, which have gradually developed under the slow operation of a variety of causes, are not to be got rid of in a day. The vehemence of the enthusiastic assailant of sick club abuses needs no apology; such an onslaught as Dr. Heslop's was needed to rouse the profession to the magnitude of an evil, none the less calling for remedy because in great measure of its own creation. When medical reformers are apt to get out of patience with the public, they will do well to remember that indiscriminate charity, underpaid labours, and the many evils which spring from them, are primarily owing to exaggerated philanthropy and mistaken zeal on the part of many in our ranks. It is no use expecting practical sympathy and material reward from the public, if we profess to be able to do without them. In a business centre like this, it is eminently true that people value very little what they do not pay for; and that cheap pay and bad workmanship are looked upon as inseparable. Five shillings per member annually is quite low enough for attendance on sick clubs, and every well-managed provident society can afford to pay that amount. The working men are beginning to understand that it is greatly to their interest to secure the services of good practitioners, and pay them a fair price for services efficiently rendered. Reports from the outlying districts tell of progress in this direction; and there can be no doubt the sick club question is in a fair way of solution, provided the members of the profession who take charge of provident societies be true to themselves.

Reference was made in the preceding article to the proposal entertained by the Town Council to get the water-supply into its own hands, by purchasing the exclusive rights now enjoyed by our Waterworks Company. A municipal contest has now converted this sanitary and essentially public question into one of party politics, and the specious cry of economy has been raised, to allure the working men to support a representative of the landlords who own small house property, and who are always crying out against sanitary and educational improvements, because adding to the rates. It was from their ranks that the opposition was urged against the adoption of the Free Libraries Act. The cry of economy was at first successful, though only one penny in the pound ratal was at issue. Since the beneficent measure has been adopted, the working population have availed themselves largely of its advantages, and the small burden of taxation, equitably distributed according to property, is not felt. Many owners of small house property are greatly to blame for only supplying their tenants, as Dr. Alfred Hill has conclusively proved, with impure water from filthy wells; and it is to be hoped that the working men may become alive to the fact that, in municipal administrations, economy (so-called), ignorance, dirt, and disease generally go together. By all means let the public funds be thriftily managed, but let the homes of the industrial population and of the poor be well drained, and supplied with an abundance of the purest water.

Birmingham, Dec. 27th, 1869.

Foreign Medical Intelligence.

OPENING OF THE SCHOOL OF MEDICINE OF ALGIERS.—CONSUMPTION OF HORSEFLESH IN FRANCE.—BELGIAN SOCIETY OF MENTAL MEDICINE: ITS IMPORTANT OBJECT.—OVARIOTOMY IN ITALY.—FEMALE STUDENTS AT ZURICH.—HYDRATE OF CHLORAL IN ITALY.—WINTERING AT VICHY.—DISMISSAL OF STUDENTS AT THE STRASBURG FACULTY.—MONUMENT TO AN ITALIAN CELEBRITY.

THE formal opening of the School of Medicine and Pharmacy of Algiers took place a few days ago in the presence of the chief authorities of the city, and of a large concourse of the professional and lay public. The inaugural address was delivered by Dr. Gros, who had chosen the interesting subject of the "Rôle of the Medical Man in Families." The Director of the School, Dr. Trollier, then read an account of the work which had been accomplished during the academical year, and gave out the names of the students who had obtained prizes.

The consumption of horse meat in France is taking a wide extension. A society has been formed for propagating the use of this food, and new stalls have been opened in all the larger cities of France, such as Rheims, Troyes, Toulouse, Marseilles, Sedan, Bordeaux, &c. Efforts are being made to introduce the use of horseflesh into the provinces of Algeria, which so often suffer from famine; but the natives manifest so strong an attachment to their steeds that it is hardly to be expected that they will adopt the idea in a general manner. The consumption of horse-meat in Paris, which in 1868 amounted to 505 horses, or 226,000 pounds of flesh, for the months of September, October, and November, has attained during the same period of this year an amount of 683 horses, or 273,200 pounds: thus showing an increase of 178 horses, or 47,200 pounds, in Paris only, and during the comparatively short period of three months.

A Belgian Society of Mental Medicine has just been instituted. Two general meetings have already taken place, the former at Ghent and the latter at Brussels. The Society reckons amongst its members all the distinguished medical men of the kingdom who are interested in mental affections, and it has provided for the admission of foreign alienists who may be inclined to become members and furnish contributions. At the last sitting, the Board was selected as follows:—President, Dr. Vermeulen; Vice-President, Dr. Jacques; and Secretary, Dr. Inghels. The object of this newly formed society is extremely important and practical, and is well worthy of being noticed. It desires to ameliorate the condition of the unfortunate insane by improving the different modes of treatment and existing asylums, and by developing regularly existing legislation in regard to lunatics; to acquire and to extend such knowledge as may favour the advance of mental pathology; and, lastly, to watch over the professional interests of the medical men who are especially occupied in the treatment and study of mental affections.

A surgical operation of considerable importance has been conducted in Italy by Dr. Peruggi, of Lugo, who performed gastrotomy for the extirpation of an abdominal tumour. The tumour weighed 1121 grammes, something more than two pounds, and consisted of a fibrous neoplasm of the left wall of the uterus, and of the corresponding ovary and Fallopian tube. Twenty days after the operation, the patient had completely recovered. This is, if we are not mistaken, a second great success in ovariotomy achieved by this distinguished Italian surgeon. The Italian journals seem extremely proud at the happy results which have recently attended the performance of ovariotomy in Italy. There had been at first a series of unsuccessful cases, amounting successively to twelve or thirteen, which had

thrown quite a gloom over the spirits of the Italian surgeons, and arrested the progress of a surgical proceeding which in other climes had afforded such excellent results.

It is said that there are now as many as fifteen female students who have availed themselves of the opportunities held out to them by the University of Zurich, and are studying medicine at the Faculty of that city.

The chief Italian surgeons have not allowed the question of chloral to escape their notice. In our last number there was a statement of the results hitherto obtained by M. Namias, of Venice, and which are highly favourable to the new hypnotic. Dr. Verga, in a communication to the Royal Institute of Lombardy, concludes in the same sense, and hails in hydrate of chloral a valuable auxiliary to existing anæsthetics.

It may, perhaps, not be without interest to mention that Vichy is open to sufferers in the winter season as well as in the summer. The Administration of the Waters has provided for the comfort of patients who are obliged to seek relief at the Vichy springs during this trying season of the year.

The Army Medical School of Strasburg has, during the last week, dismissed six of the students on account of their unruly conduct.

The Municipal Council of Girgenti has just decided to furnish a large sum of money towards the erection of a monument to the memory of the celebrated Michele Foderá.

SANITARY AND METEOROLOGICAL BULLETIN OF THE CONTINENT.

To the stormy winds and heavy drifts of snow which we mentioned in our last bulletin as generally prevailing on the Continent, and which were observed so far south as Algeria, to the surprise of the natives, has succeeded a somewhat milder weather, with a prevalence of wet. Since the opening of the year, a dreary persistent rain has been falling over Paris, and has damped the gay spirits of the Parisian population, who so busily move about on the *fête* days of the first week of January. Private intelligence from Rome informs us that the large concourse of people who every day assemble in the streets to witness the passage of the Fathers, pay for their gratification by getting wet to the skin, and being bespattered with mud.

There has been no marked change in the "medical constitution" of the Continent since our last bulletin. In Paris the number of deaths during the last week has been somewhat less than during the preceding: 980 deaths instead of 995. Cases of bronchitis and pneumonia still remain extremely frequent, and have furnished 180 deaths of the total number we have mentioned. The lesser cases of diseases of the respiratory organs form the staple of the civil practice of the city. Numerous cases of cerebral hæmorrhage have been recorded in the hospitals and town; and the epidemic of variola, which has somewhat diminished, yet occasioned 34 deaths during the last week. The same remarks apply to the larger cities of France, such as Lyons and Marseilles. At this latter port, several ships coming from Rio Janeiro and the Antilles, where yellow fever is now prevalent, have been put in quarantine. In Vienna, with the exception of cases of acute disease of the respiratory organs, tuberculosis forms the most destructive and dismal feature of the last health bill. In Berlin, out of a total number of 386 deaths recorded from the 11th to the 16th of December, it is interesting to note that there are as many as 179 deaths among children of less than five years. The last health bill of Florence presents no important feature. Intelligence has reached us of a spread of cholera in Russia, and even of its extension to Gallicia; but the fact remains to be confirmed.

CONTINENTAL APPOINTMENTS.

France.

Professor Lasègue has been allowed, by a vote of the other professors of the Paris Faculty, to resign his chair of Internal Pathology for that of Clinical Medicine at the Hôpital de la Pitié.

M. X. Richard, for reasons of health, has resigned his appointment of Physician to the St. Antoine Hospital, and M. Nonat, the well-known Parisian gynecologist, having reached the limits of age fixed upon by the Assistance, has been obliged to vacate his office of physician at the Charité.

Through the above facts, as well as on account of the death of another hospital physician, Mr. Boucher de la Ville-Jossy, an important change will take place in the medical department of several Paris hospitals, which, it will be remembered, are all under the same direction, and are successively served by the same medical officers who go in rotation from the less important to the more important institutions. Thus, M. Chauffard now goes from Cochin to Necker; M. Bucquoy from St. Antoine to Cochin; and M. Sirèdey takes the vacant post at St. Antoine. M. Jaccoud passes from the Maison Municipale to Lariboisière; M. Besnier from St. Antoine to the Maison Municipale; whilst M. Isambert is appointed to St. Antoine.

Professor Tardieu has been appointed to the Presidency of the Imperial Council of Salubrity of France.

The annual *concours* for the posts of house-surgeon and dresser of the various hospitals of Paris have just terminated at the Assistance Publique by the nomination of 38 *internes* and 171 *externes*. The gold medal of the house-surgeons has this year been obtained by a Swiss, M. Reverdin, whilst the two silver medals have been given to MM. Lucas Championnière and Labadie-Lagrave.

M. Delacour, professor of clinical medicine at the School of Medicine of Rennes, has been appointed Dean of the Faculty.

Several French army surgeons, among whom may be mentioned M. Villemin, of the Val de Grâce, have been nominated Knights of the Legion of Honour on the occasion of the 1st of January.

Italy.

Dr. Giuseppe Corradi, of Florence, has just received the important sum of 5000 francs, given out of the Argenteuil prize of the Paris Academy of Medicine, for his valuable labours and writings on the diseases of the urinary organs.

Drs. Fissore and Ignazio Nicolis, of Turin, have been nominated Professors Extraordinary to the Turin University; the former of Hygiene and Medical Pathology, and the latter of Clinical Medicine.

Belgium.

At one of its last meetings, the Royal Academy of Medicine of Belgium made several nominations or elections.

Professor Vleminckx was unanimously re-elected president, whilst M. Verhaeghe, of Ostend, and Professor Crocq were chosen as first and second vice-presidents. M. Pigeolet, Professor at the Brussels School of Medicine, and M. Kuborn, of Seraing, were elected members. At the same time, the Academy proceeded to fill up, by election, several seats of foreign Associates which had been left vacant. Drs. Chassaignac, Durand-Fardel, and Jaccoud, of Paris; Liman and Graefe, of Berlin; Pelikan, of St. Petersburg; and Riggoli, of Bologna, were elected.

Spain.

There has been a brilliant meeting of the Madrid Faculty of Medicine, for admitting a certain number of house-surgeons to the official *cliniques* of the city, after public competition. The result of the *concours* was extremely successful, inasmuch as the students gave proof of much ability and learning. It may be remarked with interest that several among the most distinguished of the competitors had studied in the free schools, which were authorised to be opened after the last revolution.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

A VISIT TO THE HÔPITAL ST. LOUIS.—AN INTERESTING CASE OF SYPHILITIC PEMPHIGUS.

On a recent visit to St. Louis I had the opportunity of noticing an extremely interesting case of syphilitic pemphigus, in the wards of Dr. Hillairet. The account of the case may be briefly summed up as follows:—The patient is a man of thirty-eight years. In the beginning of September last year he got an indurated chancre of the base of the glans, which was followed by bubo. This was succeeded, about the beginning of November, by a syphilitic eruption of a pustulo-crustaceous kind, and of which several vestiges may still be seen on the thighs. At the end of the same month appeared on the palms of the hands and on the

palmar surface of the fingers a large number of bullæ, attended by swelling, which rendered all movements very difficult. Lastly, on or about December 10th, the patient having been in the hospital ten days, the soles of the feet were seen to present a number of bullæ similar to those on the hands, but much more voluminous; indeed some of them attained the size of a nut. This was a case of syphilitic pemphigus, an affection so very rare that Professor Hardy, who has been at St. Louis for the last twenty years, has been heard to say that this is the very first case he had observed during the long course of his dermatological experience. Since Dec. 10th several series of bullæ have successively broken out, but have been invariably limited to the palmar surface of the hands and fingers and the soles of the feet—a situation peculiar to the pemphigus of new-born children affected with syphilis. The treatment employed consists especially in tonics—cinchona bark wine, &c.

PROFESSOR CLAUDE BERNARD'S OPENING LECTURE ON EXPERIMENTAL MEDICINE AT THE COLLÉGE DE FRANCE.

I have just assisted at Claude Bernard's opening lecture at the Collége de France, and was extremely pleased to see the Professor looking so well. As you are doubtless aware, he had been in weak health for two or three years, and was compelled to retire to the country, and give up his usual pursuits. But now he has quite recovered his strength, and his lecture was delivered with considerable spirit and energy. He has chosen as the subject of his course this year the application of the experimental method to the investigation of the blood in its healthy and morbid condition. Before entering into the subject, he wished to make a few preliminary remarks on the character and object of experimental medicine. Medicine, he said, had passed through three conditions, like every other science: empiricism, observation, and experimentation. Experimentation was the crowning condition, which would give to medicine the stamp of an exact science. Far from disdaining clinical observation, he thought it was the necessary basis or foundation of experimentation. Even empiricism, a prudent empiricism, was still necessary in many cases to the medical man. He condemned alike those who wished, as science now stands, to explain all medicine by physiology, which was not yet a complete science, and those who systematically discarded the powerful light of physiology. Lastly, he attempted to determine the precise direction into which the rising generation of medical men should throw their energies and exertions. The Professor entered into many other considerations of great importance; but as I purpose to return more fully to the subject on a forthcoming occasion, I content myself with giving you these brief outlines of the eminent physiologist's inaugural address.

PROF. BOUILLAUD ON THE DIFFERENCES BETWEEN INFLAMMATORY AND PYRETIC DISEASES.

Prof. Bouillaud thus sums up his views on the differences between inflammatory and pyretic diseases:—

1. The excess of fibrin in the blood, in the purely inflammatory condition or process, which for a long time was named "inflammatory fever," proceeds from an *abnormal secretion* or *neoplasm* of the internal membrane of the blood apparatus. This neoplasm is similar to the one produced on the surface of an inflamed serous membrane, to the degree or according to the manner designated by Hunter an *adhesive inflammation*.

2. It is a portion of this neoplasm, or of this pseudo-membranous secretion, which deposits on the surface of the coagulum of blood obtained in the cases above stated—neo-membrane, to which the name of inflammatory clot has been given, and the chief constituent principle of which is fibrin.

3. Phlegmasia of the internal membrane of the circulatory apparatus, more or less generalised, and belonging to the so-called *adhesive* form, is one of the fundamental conditions of that production of fibrin in excess, and of the pseudo-membrane of the blood in so-called *inflammatory* fever.

MEDICAL CLUB.—The first dinner of the Club for the present year was held on Wednesday, the 5th inst., when Dr. P. Hood took the chair. These dinners will take place in future on the first Wednesday of the month.

Obituary.

JOHN HARRISON, F.R.C.S.

THIS amiable gentleman died at his residence, 2, Albany Court-yard, Piccadilly, on the 3rd January, after an illness of some duration, terminating in dropsy. Mr. Harrison was in his sixty-second year, and was educated at St. George's Hospital, where he filled the office of house-surgeon, subsequently holding the corresponding post at the Lock Hospital. He became a member of the College of Surgeons in June, 1832, and a Fellow in December, 1843, being one of the first batch created. Mr. Harrison was for some years attached to the Grosvenor-place School of Medicine, where he lectured on surgical anatomy. He was the author of a small work on "The Pathology and Treatment of Stricture of the Urethra," and contributed some papers to the columns of THE LANCET on venereal sores. Being of a retiring disposition, Mr. Harrison never took any prominent position in London medical society, and though successful as a practioner, he never enjoyed a large practice. He was twice married, and has left, we understand, a widow and young family.

WILLIAM SPENCER, M.R.C.S., L.S.A., (OF BRADNINCH, DEVON.)

WE regret to announce the death of this gentleman, which occurred on January 3rd, after a few days' illness, from the effect of a dissection wound, in the seventieth year of his age. Mr. Spencer was a man of great benevolence and amiability of character, adorned by earnest and practical religious feeling. For many years past his practice has been chiefly confined to the poor and humbler classes of society, who have repaid his self-devotion by affection during life, and by loving and mournful regret at his death. It was in carrying out a peculiar wish expressed by one of these, that Mr. Spencer should examine his body, that he met with the accidental, and apparently most trifling, wound that caused his death.

DR. GEORGE BUCHANAN.

IT is not often that the death of a young practitioner occasions such deep and widespread sorrow as that of George Buchanan, A.M., M.D., of Glasgow. His career at school and college had been one of unusual distinction, and he had already given promise of great acceptance as a preacher—a calling for which he was originally intended. He embraced the medical profession, however, and graduated after a brilliant career. He assisted Dr. Allen Thomson as demonstrator, and was a universal favourite with successive classes of pupils. He went to Penang with the view of practising there; but being dissatisfied with his prospects, he took the medical charge of the steamship *Columbia* to New York. On the return voyage he caught a cold, which rapidly proved fatal. *Multis ille bonis flebilis occidit.*

DR. JAMES YONGE.

THIS highly-respected physician has just died at his residence, The Crescent, Plymouth. Dr. Yonge was born in 1792, and was educated at Eton, going, subsequently, to Oxford, and afterwards to Edinburgh University, in the former of which he obtained his M.D. degree. On leaving Edinburgh he came to London, and was for a time assistant to Abernethy. Settling in Plymouth in 1832, he became physician to the Plymouth Dispensary, of which institution he was, on his retirement from that post, elected a vice-president. He also took an active part in the formation of the South Devon and East Cornwall Hospital, and, in 1840, became one of its physicians. Owing to advancing age he retired from the post of physician to the hospital last year, and was warmly thanked for his valuable services.

WE have to record the death of several continental *confrères*. In France, of Dr. Boucher de la Ville-Josay, Physician to Lariboisière Hospital, a gentleman of distin-

guished abilities, and most honourable character, who devoted a large portion of his life to his nosocomial duties, and to the care of the poor; and of Dr. Duchesne, Member of the Council of Hygiene of Paris. In Corsica, of Dr. Ceccaldi, Medical Inspector of the Sanitary Service of the French Army. In Belgium, of M. Augustus van Biervliet, Assistant-Surgeon to the Hôpital St. Jean of Bruges, and the author of several works of merit. In Italy, of Dr. Trasarti, of Pesaro, a member of the principal medical academies of Italy. And in Spain, of Dr. Valentin Tapia, of Ciudad Rodrigo, who, at the early age of thirty-two, has broken down under pressure of hard work and professional duties.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 30th, 1869:

Howson, Joseph James, Grange-road, S.E.
Smithson, John, West Town, Dewsbury.

MR. SYME has been elected an Honorary Fellow of the Faculty of Physicians and Surgeons of Glasgow, in recognition of his eminent services and distinguished professional position.

THE PATHOLOGICAL SOCIETY OF LONDON.—The following is the list of officers and council elected for the year 1870 at the annual meeting on Tuesday evening last: President: Dr. Quain. Vice-Presidents: Dr. Bristowe, Dr. Crisp, Dr. Peacock, Dr. Wilks, Mr. John Gay, Mr. Holmes, Mr. Simon, and Sir Henry Thompson. Treasurer: Dr. Murchison. Honorary Secretaries: Dr. Dickinson and Mr. Hulke. Council: Dr. James Andrew, Dr. Anstie, Dr. Charlton Bastian, Dr. Buzzard, Dr. Cayley, Dr. Fagge, Dr. Wilson Fox, Dr. Marcet, Dr. Moxon, Dr. Hermann Weber, Mr. Lockhart Clarke, Mr. John Couper, Mr. John Croft, Mr. Durham, Mr. James Hinton, Mr. George Lawson, Mr. Maunder, Mr. T. P. Pick, Mr. William Potts, and Mr. William Squire.

Two members of the profession—Dr. Black and Dr. Booth, of Chesterfield—have been appointed to the Commission of the Peace for the borough of Chesterfield.

AN alarming outburst of relapsing and scarlet fever is reported to have occurred in Northam-square, Somerstown. It is further stated that notices have been served by the sanitary officers upon the owners of the houses to cleanse and otherwise improve their sanitary condition, but that the district medical officer has advised that it would be dangerous for workmen to enter the houses.

MISS GARRETT, L.S.A., passed, on the 4th inst., the fifth examination for the M.D. of Paris. The subjects of this examination, the last before thesis, are clinical medicine, surgery, and midwifery.

FEVER IN KINGSWINFORD.—The local papers report that fever is prevailing in the parish of Kingswinford, in the Stourbridge Union; and it is stated to owe its outbreak to the use of bad drinking-water, coupled with the existence of nuisances and the practice by the poor of stopping up, for warmth's sake, all means of ventilation. A medical man, on the Brierly Hill Local Board (in which district the infected locality is), is stated to have given it as his opinion that a more reasonable cause than the drinking-water was to be found in the filthy habits of the people, their great poverty, and the consequent want of sufficient food.

OUR BARRACKS.—On the recommendation of the Army Sanitary Committee, which recently examined into and reported upon the barrack accommodation for the troops at Chatham, several important alterations and improvements are now being carried into effect at Chatham Barracks, which are occupied by the 1st and 2nd depôt battalions of the line. In order to provide additional space and improved ventilation for the troops occupying the rooms, two barrack rooms are being thrown into one, while the number of men who will occupy and sleep in each room will be reduced from twenty-four to nineteen. Improved means of ventilation are likewise being carried out in each room.

Medical Appointments.

BAZELY, W., M.R.C.S.E., has been reappointed a Junior Surgeon to the Royal Albert Hospital, Devonport, upon the expiration of his term (five years).

BROWN, G., M.D., has been reappointed Medical Officer for District No. 2 of the Colchester Union for one year.

CLARK, E. O., M.R.C.S.E., has been appointed Medical Officer for the Seal District of the Farnham Union, Surrey.

DOWNING, S. D., L.R.C.P.L., has been appointed Medical Officer to the Schools at Tranmere, in the Birkenhead Union.

FAY, T. W. W., M.R.C.S.E., has been appointed Dental Surgeon to the Liverpool Dental Hospital.

FEARNE, Mr. T. S., has been appointed House-Surgeon to the Teignmouth, Dawlish, and Newton Infirmary, vice G. Winstanley, M.R.C.S.E., retired from ill-health.

GAMGEE, A., M.D., F.R.S.E., has been appointed Physician to the Royal Hospital for Sick Children, vice Dr. Keiller, resigned.

HENDERSON, J., L.F.P. & S. Glas., has been appointed Medical Officer for the Deptford North District of the Greenwich Union, for one year.

HIGGS, F. S., M.S., has been appointed Medical Officer for District No. 3 of the Lincoln Union, vice H. Branthwaite, L.R.C.S.Ed., resigned.

HIXON, J. H., M.R.C.S.E., has been appointed Medical Officer for the Studley District of the Alcester Union, Warwickshire, vice Dixon, resigned.

HUNTER, Dr., of Dalry, has been appointed Medical Officer for the Parish of Dundonald, vice King, deceased.

KERANS, T. G., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Clonbrock Dispensary District of the Mountbellew Union, Co. Galway, vice L. C. Kerans, M.R.C.S.E., resigned.

LANGWORTHY, G. V., M.R.C.S.E., has been appointed Medical Officer for District No. 13 of the Kingsbridge Union, Devon, vice W. F. Langworthy, M.R.C.S.E., deceased.

MORRIS, E. J., L.F.P. & S. Glas., has been appointed Medical Officer for the St. Mark's District of the West Ham Union, Essex.

PACKARD, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Horne District of the Horne Union, Suffolk, vice C. W. Payne, M.R.C.S.E., resigned.

PARKER, E., F.R.C.S.Ed., has been appointed Surgeon to the Liverpool Borough Prison at Walton, vice F. Archer, M.R.C.S.E., resigned on a superannuation.

PALMER, F. S., M.R.C.S. L.S.A., late House-Surgeon to the Westminster Hospital, has been appointed House-Surgeon to the Radcliffe Infirmary, Oxford, vice A. Winkfield, F.R.C.S., resigned.

SMITH, R. S., M.D., B.Sc., has been appointed Medical Registrar to King's College Hospital, vice C. W. Philpot, M.D., B.Sc.

SQUAREY, C., M.B., has been appointed Physician-Accoucheur to the St. Marylebone General Dispensary, Welbeck-street.

STONE, E., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Pontefract Union, Yorkshire, vice T. E. G. Bywater, M.R.C.S.E., deceased.

SUTCLIFFE, G. G. A., L.R.C.P.Ed., has been appointed Medical Officer to the Preston Lodges of the Independent Order of Odd Fellows, Manchester Unity.

THOMPSON, R. E., M.D., has been appointed Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, vice E. S. Thompson, M.D., appointed Physician.

WEARNE, W., M.R.C.S.E., has been reappointed Resident House-Physician at the Westminster Hospital.

WRIGHT, C. J., M.R.C.S.E., has been appointed Surgeon to the Leeds Public Dispensary, vice R. T. Land, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

MANFORD.—On the 2nd inst., at Regent-terrace, Newcastle-upon-Tyne, the wife of Dr. Manford, of a son.

MEERES.—On the 3rd inst., at Melksham, Wilts, the wife of Edward E. Meeres, M.D., of a son.

MORRIS.—On the 14th ult., at Bedford, the wife of Pryce J. Langford Morris, M.R.C.S.E., of a son.

NICHOLLS.—On the 30th ult., at Duke-street, Chelmsford, the wife of James Nicholls, F.R.C.S., of a daughter.

RAWSON.—On the 31st ult., at Low Moor, Bradford, Yorkshire, the wife of W. F. Rawson, L.R.C.P.Ed., &c., of a son.

THOMPSON.—On the 28th ult., at Jarrow-on-Tyne, the wife of R. Farrer Thompson, M.D., M.R.C.S., of a daughter.

MARRIAGES.

HENSON—MENDS.—On the 30th ult., at Holy Trinity Church, Hull, Sidney Russell Henson, M.R.C.S., &c., eldest son of H. K. Henson, Esq., to Elizabeth Ann, only daughter of H. A. G. Mends, Esq., Solicitor, all of Hull.

NEWMAN—BROOKE.—On the 19th of Nov., at Ajmeer, John Henry Newman, M.D., in Medical Charge, Jodhpore Agency, to Alice Mary, daughter of Colonel John C. Brooke.

DEATHS.

ADAMS.—On the 4th inst., at Clarkson-street, Ipswich, Webster Adams, M.R.C.S., L.S.A., aged 69. Mr. Adams was for upwards of twenty years medical officer of the Ipswich Union.

BUSS.—On the 1st inst., at Shoreditch, Elizabeth Rebecca, the wife of H. Buss, M.D., in her 51st year.

CROWDY.—On the 28th ult., at Plymouth, A. S. Crowdy, M.R.C.S.E., Assist.-Surgeon R.N., aged 30.

LAIDMAN.—On the 30th ult., at Exeter, Wm. Follett Laidman, Surgeon, aged 34.

PARK.—On the 1st inst., Charles Park, M.D., of Campbeltown, Argyleshire, aged 28.

Medical Diary of the Week.

Monday, Jan. 10.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. Tilbury Fox, "On the Pathology and Treatment of Eczema, and, incidentally, the Influence of Constitutional Conditions in Skin Diseases." Lecture 1.

Tuesday, Jan. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Gustav Oppert, "On the Kitai and Kara-Kitai." — Mr. J. Bonwick, "On the Origin of the Tasmanians, Geologically Considered." — Dr. Julius Haast, "On some Prehistoric Remains discovered in New Zealand."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. A. Poland, "On Compound Fracture of the Patella."

Wednesday, Jan. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. W. S. Kent, "On the Calcareous Spiculæ of the Gorgoniadæ." — Mr. Alfred Sanders, "On an Undescribed Stage of Development of Tetrarhyncus Corallatus."
HUNTERIAN SOCIETY. — 7½ P.M. Council Meeting. — 8 P.M. Mr. Corner: "Cases of Injury to Skull and Brain." — Mr. Brownfield, "On a Case of Popliteal Aneurism."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Council.—8½ P.M. Staff Surgeon Gunn, "On Cholera in Senegambia." (Communicated by the Director-General, A.M.D.)

Thursday, Jan. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Jan. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Annual Meeting.—Mr. Langton: "Case of Cancer involving the Left Half of the Soft Palate."—Mr. Thos. Smith: "Cases of Facial Carbuncle."

Saturday, Jan. 15.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

SOME FACTS AS TO SPOON-FEEDING.

DR. BEAUGRAND has communicated to the Academy of Medicine of Paris some data respecting the artificial feeding of infants, which data have some bearing on the present discussion before the Academy upon the mortality among new-born children. The author has examined the register of deaths of the 10th district of Paris, and finds that in six years—viz., from 1860 to 1866—1279 children died within the first year of their age. Of these, 498 had breast-milk, 699 were spoon-fed, and 82 prematurely weaned. The total number of children being divided into three classes, according to age, it is found that within one month 203 died of those who were suckled, and 307 of those artificially fed; from one to three months, 99 of the former class, and 119 of the latter; and from three months to one year, 961 and 133 of the two classes respectively. In the latter class, there are also, as above stated, 82 children who died from premature weaning. We would add that the Academy may, perhaps, do some good in proposing severe watching of wet-nurses, in order to diminish the mortality among infants; but the learned body will not accomplish much in that direction if they do not attempt to eradicate a crying evil—viz., the detestable custom among mothers, both in Paris and the country, of sending their children to village wet-nurses, merely for the sake of getting rid of the former.

An Old Guy's Mus.—No American degree is recognised in this country.

THE GENERAL COUNCIL AND PROSECUTIONS UNDER THE MEDICAL ACT.

WE are authorised to state, in reference to an article in THE LANCET of last week, headed "Convictions under the Medical Act," that it is erroneous to assume that any fines have accrued, or can accrue, to the Medical Council from prosecutions conducted within the metropolitan district. All fines levied before magistrates in the metropolitan police district are, and must be, by the Act 2 & 3 Vict., cap. 71, payable *to the receiver of police*. As to prosecutions in other parts, and especially distant parts, of the United Kingdom, we are informed that if the Council were to attempt the conduct of these, instead of leaving them to be conducted by persons resident at or near the scene of the offence, the expenses of them would be so greatly increased that such an attempt could never have been carried into effect. In its first year the Council passed the following Standing Order: "That the Treasurer of the General Council may contribute, under the direction of the Branch Councils, any portion, or the whole, of any money penalty which may accrue to the Council from a successful prosecution under this Act towards defraying the expenses of such prosecution." By virtue of this Standing Order, in by far the greater number of prosecutions under the Medical Act, which have proved successful in the country, the prosecutors have had the benefit of the fine, and almost always have received the whole of it; for, as a rule, the expenses of the prosecution have been in excess of the fine; so that the whole sum which has ever accrued from fines to the Medical Council has been almost infinitesimally small. We are requested to state that the Council has, from the first, been legally advised that being a body invested by the Legislature with important judicial functions, it would be opposed to sound principle, and contrary to public policy, that it should also be a prosecuting body.

Mr. W. H. Burgess.—Our correspondent should explain with a little more clearness and accuracy the class against whom he proposes to act, and what he proposes to do. His letter bears marks of being written hastily.

PROFESSIONAL COURTESY.

To the Editor of THE LANCET.

SIR,—On November 22nd, I paid a visit to the Infirmary of the Wandsworth and Clapham Union, and had a short conversation with Dr. Smith, the medical officer of that institution. On the following day I received a letter from Dr. Smith, a copy of which you have published in your impression of the 11th ultimo. This letter was consigned to my waste-paper basket, and the subject has since passed from my memory. This morning, however, a friend has called my attention to Dr. Smith's letters in your journal, and I see to-day, for the first time, that he has brought the matter before the medical public. Your comment to his first letter very fairly gives me an opportunity of sending you the other side of the question. Nor can I complain of your remarks appended to his second letter; for clearly if the case be as represented, I deserve the severest castigation from your editorial pen. The facts, however, are these.

Spending the evening at the house of one of our guardians, I was asked by him if I would like to see the new infirmary building, now in course of construction. The following day being Sunday, the next morning was appointed for the visit. My friend, after showing me over the unfinished building, asked me if I had ever been over the "house;" and on my replying in the negative, at once led me into one of the infirmary wards. Now, Sir, I assure you most positively that up to that moment I had no thought or intention of entering upon that part of the house occupied by the patients, and it never occurred to me as possible that a brother-practitioner could feel more aggrieved at my going into the wards with one of the guardians than he could feel if a non-professional resident entered them. The only medical question I asked, which my friend could not reply to, was whether they were able to accommodate separately their medical and surgical cases. I positively deny asking any medical question beyond this, and I distinctly contradict the assertion that I read any one of the patient's cards. I can only explain the statements, in direct opposition to the above, contained in Dr. Smith's letter to you, by assuming that he was misinformed, as I am unwilling to believe that a member of our profession could wittingly so pervert the truth. Within a few minutes of my entering the wards, I was introduced to Dr. Smith, and at once assured him that I was not there in a medical capacity, or wishing to see any of his patients. I explained the reason of my coming, and said the only medical question which then interested me was in reference to the division of the medical and surgical cases. He looked incredulous, and clearly did not believe me; for on wishing him good morning, he coolly turned on his heel, taking no notice of me. A few minutes afterwards, however, he followed me, and in an offensive manner demanded an explanation of my unwarrantable intrusion into the infirmary without according him the act of courtesy which was his due; and here, to be more charitable to Dr. Smith than he has been to me, I must assume that on writing his first letter to you he forgot my reply to him, for he asserts that I said I did not consider him entitled to such an act of courtesy. This I distinctly deny; for, whatever I may have thought, I certainly did not say so. I restated to him my reason for being there, and said no possible discourtesy could have been intended him, as my friend who was with me could assure him my visit was arranged only to see the new building.

My visit to the wards did not occupy more than ten minutes. The gentleman who accompanied me was Mr. Dagnall, the Chairman of our Board of Guardians, who has been a resident in the parish for five-and-twenty years, and a guardian for sixteen years, and I unhesitatingly refer to him for the truth of the above account.

On receiving Dr. Smith's letter of the 22nd November, knowing myself free from all dishonourable motive or want of courtesy, and feeling that he wilfully misunderstood me, and was no more likely to give credence to my explanation in writing than he did to my word of mouth, I avoided, as I thought, a paper war, and, having taken the opinion of a medical friend, thought no more of the subject.

Apologising for the length of my letter, and relying on your known impartiality to administer a little healing salve to the lash you have given me in your last number,

I remain your obedient servant,

Wandsworth, January 1st, 1870. JAMES E. LAWRENCE.

THE TITLE OF "PHYSICIAN."

VARIOUS licentiates of the Colleges of Physicians, especially of the Edinburgh one, are dissatisfied with our opinion that they cannot call themselves "Physicians" with propriety. One of them asks us our reasons for believing that the latter College does not contemplate the use of the title by its licentiates. Our opinion was formed, first, on the nature of the diploma; and secondly, on the actual opinion expressed to us privately by a leading official of the College, that there is nothing in its licence to warrant the holder of it in using the title. Other correspondents urge that the Secretary of the College, Dr. Haldane, has stated to them in letters that the licence entitles them to be called Physicians exactly as the diploma of a College of Surgeons constitutes a man a Surgeon. Dr. Haldane has courteously answered an inquiry of our own to the same effect, saying, however, that different views are entertained as to what entitles a man to be called "Physician;" and adding, with candour, that, in the absence of any authoritative decision, he is in the practice of informing inquirers (with the concurrence of the Council) that the licence of a College of Physicians entitles the holder of it to call himself "Physician," as that of a College of Surgeons entitles him to be called "Surgeon." Dr. Haldane admits that he has no authority for this course. We fear that the Edinburgh College of Physicians is not a disinterested authority in the matter of titles; and when Dr. Haldane tells us that opinions, even in it, differ, it is clear we cannot attach much importance to the opinion which he officially expresses to anxious inquirers. A letter in another part of THE LANCET from Mr. Syme shows that this College in one year made £10,000 by giving its diploma to *men without an examination*. We put it to the holders of the licences whether they think that the profession will admit their claim to be considered "Physicians" as that term is now understood both by the profession and the public. A good title for general practitioners may be a desideratum. Other titles, as apothecary and the like, are very objectionable; but in the meantime, and in regard to the technical sense of the word, we must adhere to our original opinion.

A Country Doctor.—1. Yes.—2. The same as other oils and oleaginous substances.—3. The last point must be determined by experience.

THE USES OF THE UVULA.

To the Editor of THE LANCET.

SIR,—If one sees a person located in the path leading to one's dwelling, one naturally inquires who he is, and the nature of his business. Exactly so with the uvula, and yet no one seems to me to have troubled himself much in the matter. You very kindly inserted in your journal inquiries from me on two occasions; and so little interest was excited in the subject that they evoked but one reply of value. The questions were, "What are the physiological uses of the uvula? and what known unfavourable effects have resulted from the shortening or removal of the healthy elongated uvula?" These questions we are asked daily by our patients, especially at this time of year, and I am bound to say that our replies have neither weight nor influence. Why? Because our personal experience is limited, and literary authority silent.

Having taken up the subject, I have written to numerous men eminent in the profession, and likely to be informed on those subjects. I send you the fruit of my gleanings.

1. The *uses* of the uvula.

Dr. Marcet, Prof. Huxley, Mr. Morrant Baker, and others confess themselves unable to throw light on the subject.

Mr. A. H. Garrod, St. John's College, Cambridge, suggests that the uvula prevents the soft palate falling forward, and the food, during a forced expiration, entering the nares.

Mr. Percival, Surgeon, Riecall, states that Mr. Wheelhouse (Lect. Phys., Leeds) taught that "when the saliva accumulates in sufficient quantity to touch the uvula, involuntary deglutition is excited."

Dr. Balbirnie (THE LANCET, Oct. 30th) says: "Its exclusive function is brought into play in the act of deglutition," and that its uses are of a various mechanical character, which he describes with great skill and minuteness. He adds that he has never heard of any special inconvenience arising from the operation of its removal.

2. The *removal* of the uvula. The four following replies embody all I can gather on this subject, although I have many others, indeed *ex uno disce omnes*.

Sir Wm. Fergusson, Bart.: "I have seen many uvulas in an elongated state removed, and have never seen any evil results; on the contrary, the greatest relief from irritation and cough has usually followed."

Sir Duncan Gibb, Bart.: "I have removed the membranous end of the uvula (*not* the true muscular structure) between 400 and 500 times, and I cannot call to mind a single instance of any ill-effects or functional debility."

Dr. Morell Mackenzie: "I have *never* seen any ill-effects from the removal or shortening of the healthy (elongated) uvula, or any disability."

Mr. Christopher Heath: "I have not noticed any undesirable effects following the removal of the uvula, either in patients or in my own person, I having had mine shortened some years back in the hope that it would mitigate the noise of my *snoring* when asleep. It has, however, produced no effect."

The uvula then, Sir, may be said to have a local habitation and a name, but no discovered "calling." One thing is pretty certain, that this mysterious little body (as many a tussing patient can just now testify) is not in the commission of the *peace*.

I am, Sir, yours obediently,
Hastings, December, 1869. C. B. GARRETT, M.D.

FOREIGN DEGREES.

Nemo.—There is nothing in an unregistered foreign degree to protect the holder of it from the penalties of the Apothecaries Act. There is a strong disposition on the part of the General Medical Council, if not of the Government, to recognise foreign and American degrees. But the illustrations of the loose way in which such degrees are given, which are constantly transpiring, are making the recognition of them more and more difficult and unlikely.

PHARMACY AND THE MEDICAL PROFESSION.

A PAPER to which the term "smart" may with justice be applied, "On the Condition and Prospects of Pharmacy in relation to the Medical Profession," was read by Mr. Hampton at the last meeting of the Manchester Chemists' Association. Some curious facts were brought forward by the author in support of his belief that medical practitioners unduly interfere with the true business of the pharmaceutist in reference to the dispensing of medicines. Mr. Hampton thinks that the time has now come when—it being no longer optional, but compulsory, for those becoming pharmaceutists to be trained scientifically—the medical man should relinquish what is the chemist's legitimate business, the dispensing, and content himself, in accordance with his higher position, with prescribing alone. It seems that in Manchester and Salford there are 246 chemists, and 234 physicians and surgeons. Of the latter about 46 write prescriptions, the remaining 188 dispensing their own medicines. Mr. Hampton says that by the change which he thinks should take place, the chemists would only get ten prescriptions a day apiece, instead of an average at present of about two perhaps. The figures do in reality appear to justify much of the complaint made, and account for the fact that chemists have to resort to other aid than that of dispensing merely, and largely indeed to counter-prescribing, to earn a livelihood. There is something to be said from the medical man's point of view, and he can urge in no unsuccessful degree that the obstacles to a better adjustment of the relations of medical men and pharmaceutists exist in great measure because the latter usurp the privileges and office of the former. We believe that the improvement in the education of both classes must in the end bring about the indicated change desired, not alone by chemists, but the profession at large. It is in the nature of things a matter of slow progress; but at the same time it will, no doubt, be hastened by discussion, and it is satisfactory to find that pharmaceutists, though they look closely to their own interests, are quite alive to the importance of working harmoniously with our own profession in the matter. No one amongst us will deny that it would be much to the advantage of the profession in point of pocket and trouble if it only prescribed; but then, in order to this, it is necessary that medical practitioners should alone prescribe, and that not only pharmaceutists, but quacks and charlatans also, should be prevented therefrom.

J. C. M.—Our correspondent was right, and the practitioner he refers to was, professionally speaking, wrong.

IMPERFORATE HYMEN AND SYPHILITIC INFECTION.

To the Editor of THE LANCET.

SIR,—A respected correspondent asks me in your journal of last week what were the motives which prompted me to make so very small a puncture in the case of imperforate hymen occurring in my practice, instead of performing the operation he has recently successfully practised, as it seems, of a free incision. I did so because the records of cases treated by making a large incision show that this frequently is followed by death; and as there is some evidence to prove that this fatal result may be owing in some cases to peritonitis caused by the squirting of blood through dilated Fallopian tubes into the pelvic peritoneum, owing to the violent contraction of the uterus which ensues after the free-incision plan, it was judged better to make a pin-point opening at first, in order to allow the uterus to contract more slowly.

Whilst the pen is in my hand, I would like to thank another correspondent, "A. M.," for his useful criticism on my cases of syphilitic infection of two sisters by means of a nurse-child. I do not think "A. M." (even if he were a Q.C., a person of far less importance in my eyes, I suspect, in a scientific point of view, than his) could get over the fact that a syphilitic child is brought into a house, and that the eldest girl, Esther, has first of all a hard lump in the lower lip, and enlarged glands beneath the jaw, followed by roseola, &c. I am convinced that my "special jury" would not allow themselves to think that the virus could have entered by another portal. I have no theory as to Martha's infection. A hundred theories could be made, and all would account for such a frequent occurrence as two members of a family being infected.

Yours, &c.,
Southampton-row, Jan. 3rd, 1870. C. R. DRYSDALE, M.D., &c.

HOW FEVER IS PROPAGATED.

A WOMAN was last week brought before the Newcastle magistrates for having, in contravention of the 36th section of the Sanitary Act, exposed certain infected articles of bedding by taking them to a public washhouse without previous disinfection. The bedding had been used by a typhus-fever patient. The defendant pleaded ignorance of the law, and was therefore dismissed with a caution, the nuisance inspector (who was the informant) at the same time intimating that he would issue printed notices on the subject. Better late than never. Ignorance is the greatest of all obstacles to sanitary progress.

THE communication of *Dr. R. Batsoon* (Umballa, Punjaub) has been safely received.

CARBUNCLE.

To the Editor of THE LANCET.

SIR,—I read Dr. Eade's remarks on the above subject with much interest. But do not you think that *medical* like *moral* philosophers are too apt to look for morbific agencies *ab extra?* If we carefully examine a carbuncle, and the treatment that is most generally successful, we almost invariably find that when the eliminatory process is easy and facilitated, the recovery is rapid, and *vice versâ*. In my opinion, when a portion of skin, either from neglect of cleanliness or some other cause, is unable to get rid of its pent-up secretions in a natural way, a carbuncle is formed, and (as tuberculous matter from the lung) so pent-up cutaneous secretions are eliminated.

If you will ventilate the matter in your "Correspondence," I shall be obliged.

I am, Sir, yours faithfully,
December, 1869. W. SUMPTER, M.D.

EMIGRANT AND COLONIST'S AID CORPORATION.

THE question of emigration is exciting considerable interest at the present time. Colonel Maude has forwarded us, at the desire of the Duke of Manchester, a prospectus setting forth the principles upon which the Corporation is formed, and the objects which it seeks to attain. A large and increasing class of persons are desirous of emigrating; but they have not the means to provide a passage, still less of supporting themselves on their arrival. Numerous Societies, as well as many private and local charities, have endeavoured to assist deserving persons to emigrate; but private charity is inadequate, and applications for aid from Government have been unsuccessful. The question is—Can emigration, combined with colonisation, be made self-supporting, and even profitable, to those investing capital therein? This Corporation has been formed on the assumption that it can. The question of emigration is one of much difficulty, and a good deal is capable of being said on it; but of this we feel quite sure—viz., that we must regard it as one of the most practical ways of relieving the evil of over-population. Of course, the persons who emigrate must not only have the power and the will to work, but they must have capital in order to erect their dwellings and cultivate the land when they have got it, or the demand for labour must be sufficient to absorb the supply sent. In so far as the question is one of commercial speculation and investment, we cannot, of course, venture to express any opinion; but the object of these Societies appears to us to be excellent, and worthy of support.

Dr. Clifford Allbutt's paper on the "Ophthalmoscopic Signs of Spinal Disease" will probably appear next week.

THE MEDICAL SCHOOL OF QUEEN'S COLLEGE, GALWAY.

To the Editor of THE LANCET.

SIR,—My attention has been called to a letter from Mr. Melville, a student of Queen's College, Galway, which appeared in THE LANCET of Dec. 18th, making grave charges of misconduct against the Medical Professors and the Council of the College, as well as to certain editorial observations on the management of that institution.

With respect to Mr. Melville, I shall only remark, that he commenced his attendance on hospitals at the beginning of the present session, and was in a few days excluded from the County Infirmary, one of the hospitals to which our students are admissible, for alleged rudeness to the attending surgeon, one of the gentlemen whose conduct he has impeached in his letter. Having memorialised the Visitors of the College on the matter, and having been informed by them that they could only take cognisance of matters which had been previously submitted to the College Council, he has availed himself of your columns to give publicity to accusations which have never been investigated, and for which he must answer to those Professors whose conduct he has assailed.

With regard to your remarks, founded on the allegation of your correspondent, as to the deficiency of the means of clinical instruction in connexion with the College, I shall confine myself to the following simple statement.

Three Professors of the College, each having the charge of an hospital, admit students to their hospitals, and give clinical instruction, where such instruction is usually given, at the bedside. These hospitals, all in the immediate vicinity of the College, are the Workhouse Hospital, with, as a general rule, from 100 to 130 patients on its books; the Fever Hospital, with 40 beds, and an average of 20 patients; and the County Infirmary, with 65 beds, and an average of 40 patients. To render, however, their arrangements more effective, these Professors associate with them a fourth Professor, as Honorary Secretary, for the management of pecuniary and other necessary matters. This Professor takes part along with the other three in giving an additional series of lectures on subjects of practical importance, and which may be more or less illustrative of the cases in hospital. It is, doubtless, to these lectures—which are delivered twice a week in one of the class-rooms of the College—that your correspondent refers when he wishes to have it believed that clinical teaching in Galway is conducted without patients. Your inference that the clinical lectures are not given "in connexion with that which alone constitutes their value, the observation of disease at the bedside," is, therefore, incorrect, as there are three clinical teachers who give instruction within the hospitals, while the other course is merely supplementary.

All these courses, it is to be observed, are quite independent of the College. They are delivered by the Professors in the interest of the school for the purpose of securing to the students a practical knowledge of medicine and surgery. The lecturers issue their own tickets of admission and certificates of attendance, and upon their own conditions, as elsewhere. The College Council has never issued tickets (as Mr. Melville asserts it has done) of admission to hospitals and clinical lectures; it has never received, nor authorised the receipt of, fees for hospital attendance or clinical instruction; nor has it, directly or indirectly, given certificates of attendance on hospitals.

The known success of our medical students both at the University and in the public competition for army and navy appointments is the best evidence that the hospital instruction available outside the College for students is of a very different character from that which is to be inferred from your correspondent's letter.

I am, Sir, your obedient servant,

EDWARD BERWICK,
President, Queen's College, Galway.

Queen's University, Dublin Castle, Dec. 28th, 1869.

To the Editor of THE LANCET.

SIR,—In your issue of Dec. 18th, you published a letter which I sent to you some time ago relative to some abuses in the Medical School of Queen's College, Galway, and in commenting on it you state that my appeal ought to be duly considered. I now enclose the answer which I have received from the Visitors, declining to listen to my appeal, as it is not one against any act of the President or Council. Now, I consider that I showed sufficient reason for not going to the Council, inasmuch as Dr. Browne is a member of that body, and has been so for some years, and Dr. Doherty was until last session a member also, and these gentlemen were the representatives of the Medical Faculty in that body; and thus if I went to the Council, Dr. Browne would be one of the judges at his own trial. Since this affair commenced, many a student has said to me, "*If* you go to the Council you are shelved." Moreover, I contend that though my appeal was nominally against the conduct of members of the Medical Faculty, it was virtually against the acts of the President and Council; for, as stated above, Drs. Browne and Doherty have for years been the medical representatives in that body, and the President and Council have for years authorised Dr. Doherty to issue those tickets of admission to hospitals and clinical instruction; they have allowed Dr. Doherty to deliver the so-called clinical lectures when he had no patients, and they have allowed Dr. Browne to neglect attendance both at his hospital and clinical lectures. Again, the President and Council have granted certificates for attendance on these hospitals, and have certified these to be *bonâ-fide* clinical lectures.

The Council will scarcely plead ignorance of these facts; for this state of things has long been notorious to the students, and was, I know, well known to some of the Professors, and therefore it cannot be reasonably supposed that it was unknown to the President and Council—i. e., if they pretended to discharge their duty in the least. People talk of the evils of absenteeism. We have an example here in the case of our President, who scarcely ever resides in his official residence in the College.

I may mention that I forwarded a copy of the appeal to the Senate of the University, and at the same time I wrote to ask them whether they would continue to receive certificates as *bonâ-fide* ones which were obtained under such circumstances as those stated in the appeal. In answer, I was told that the matter referred to was contained in an appeal to the Visitors of the College, and could not be considered as before the Senate. Now, I wrote a separate letter to the Senate. I did not ask them to interfere between Drs. Browne and Doherty, or between the Council and myself. I merely asked them would they receive certificates obtained under such-and-such circumstances, and this question was asked in a letter entirely independent of the appeal to the Visitors. I do not consider that the Senate, amongst whom are the President and one member of the Council of this College, have treated me as they ought. They have shown no anxiety to help me to put an end to this system. The Senate, too, have for years recognised the County Infirmary, and have received certificates of attendance on hospitals and the so-called clinics, without ever caring apparently whether the students received any instruction or not. The charges which I have preferred concern Drs. Browne and Doherty, the President and Council of this College, and the Senate of the University alike. If I have said anything untrue, let any or all of these parties prove it. Your columns are open to them as well as to me; and if they have any regard for the character either of themselves or of the institution with which they are connected, they will join with you and with me in asking for an "honest and searching" investigation, held by men whom all can trust, and whose proceedings shall be public.

The Senate and the Visitors have declined interfering; but this is a Government College, and, if need be, let the Government step in and order a special inquiry.

Your obedient servant,

ANDREW SMITH MELVILLE, Sch. Q.C.G.

Queen's College, Galway, Dec. 22nd, 1869.

SANITARY MATTERS IN THE ISLE OF MAN.

A CORRESPONDENT of the *Manx Sun*, referring to the death of Mr. Fothergill from fever at Douglas, which we noticed last week, gives an unsatisfactory account of the sanitary condition of the chief town in the island. "Disgusting filth" has, we all know, a very intimate connexion with fever; and there is little wonder that Douglas is not as healthy as it ought to be, when we are told that the town possesses no medical officer of health, no inspector of nuisances, no death registration, and no Compulsory Vaccination Act. It would be instructive to learn what ideas the Manx authorities generally hold in reference to disease and health; they possibly look upon both conditions as very much matters of chance.

THE SOUTHAMPTON MEDICAL SOCIETY AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—We have been requested to forward for insertion in your journal, should you deem it of sufficient interest, the accompanying copy of a resolution passed at a special meeting of the Southampton Medical Society to consider the subject of homœopathy, which has lately been brought prominently before the public in this town by the unsuccessful attempt on the part of one of the medical staff of the Southampton Dispensary to procure the election of a homœopathic practitioner as one of the medical officers of that institution.

"That in the opinion of this Society, homœopathy, as practised by Hahnemann, is 'one of the greatest and most singular delusions that has ever been entertained.'

"That homœopathy as practised by its advocates of the present day is no longer homœopathy, but a system which in practice repudiates its professedly fundamental principles, employs those of rational or orthodox treatment, and palms off upon the public the similitude of homœopathy without its reality."

We are, Sir, your obedient servants,

W. SIMS, } Hon. Secs., Southampton
J. BROSTER, } Medical Society.

Portland-street, Southampton, Dec. 17th, 1869.

*** The Southampton Medical Society is one which has done much good by binding the practitioners of the neighbourhood in a bond of good fellowship and professional friendship; but has never been of more service than on the present occasion when protesting against a system which is both absurd and untruthful.—ED. L.

IMPROVED VALENTIN'S KNIFE.

IN our notice of this knife last week, we omitted to mention that it is the invention of Mr. W. R. Gowers, M.B., of University College.

T. J.—1. Seniors and juniors all pass the same examination for the Fellowship.—2. Erichsen's Surgery; Kirkes's Physiology.

DELHI BOILS.

To the Editor of THE LANCET.

SIR,—I have a case of this complaint at present under treatment, and shall be happy to show it to any gentleman interested in the subject. The man was a corporal in the 2nd batt. Rifle Brigade.—Yours, &c.,

7, Princes-street, Hanover-square, W., Jan. 1870. C. MAYO.

RUMINATION IN MAN.

IN the *Memorabilien* of 1869, Dr. Fronmüller, of the city of Furth, describes the cases of three men who were noticed to present the above-named peculiarity. The first two were not followed with regularity; but the case of the third, a journeyman cutler of twenty-one, was very complete. Regurgitation could be provoked at will, and the man enjoyed rumination when the food came up soon after ingestion. He could not, however, bring up from the alimentary mass special articles of food, like the man mentioned by Darwin. It would appear that this individual, who went about exhibiting himself, would swallow white and red gooseberries, and bring up either colour according to the bidding of the audience. Dr. Fronmüller's patient began ruminating at ten years of age. He has been several times treated by emetics, but the peculiarity persists. He is, however, in very good health.

Dr. F. G. Snelling, (New York.)—We shall be happy to receive our correspondent's paper.

TREATMENT OF UTERINE HÆMORRHAGE AFTER LABOUR.

To the Editor of THE LANCET.

SIR,—Your impression of the 11th December affords us an abstract of the interesting and instructive paper on "Uterine Hæmorrhage after Labour," read on the 3rd instant by Dr. Barnes before the Obstetrical Society of London, as also of the discussion ensuing thereon amongst the members of the same.

I am not going to enter into the merits of the particular remedy which it was the object of Dr. Barnes's paper to urge upon the profession on the occasion under notice, but to avail myself of the moment when its attention to this all-important subject may, as a consequence, be supposed to be actively on the *qui vive*, to record my personal experience of a method of addressing the argument of cold *directly* to the uterus after parturition, and which I have found as effective as it is simple in its application. I allude to the discharge of cold water by the common pewter hospital enema syringe into the uterus, the value of the appeal depending upon the force of the shock with which it is communicated to the interior of the organ, and to the suddenness, perhaps, with which that shock is conveyed.

Of course, I lay no claim to originality in advocating the direct application of cold water to the interior of the uterus in these cases; but, whether original or no, I *do* urge the particular mode of administering it propounded in the foregoing suggestion. *Accident*, or, more properly to speak perhaps, *necessity*, first introduced this "ready method" to my notice. I had attended a delicate European woman in her labour in India, who from time to time, and without obvious cause, had experienced frequent hæmorrhage from the earliest months of her pregnancy. This tendency ceased entirely two months before her delivery, and I was never able to recognise placentar implantation as an explanation of the discharges; but, as will be supposed, my patient, a naturally delicate woman (as I have remarked), had become a good deal weakened by what she had gone through, and was the subject of much anxiety to me, *quoad* the issue of the case. The labour was an ordinary one, and of short duration, the placenta coming away at about the usual interval, and unaccompanied by hæmorrhage. An hour later, however, I was summoned back to her, in consequence of the sudden supervention of alarming uterine bleeding. Discovering in the room a two-pint hospital enema syringe, which I had previously lent to her for its legitimate use, the notion suddenly entered my head to meet the occasion in the manner already described. The nurse in attendance had applied cold water to the vulva and abdomen, but to no effect. I immediately discharged the entire contents of the syringe, suddenly and rapidly, into the vagina, when the bleeding, previously profuse, was arrested as though by magic. In a quarter of an hour it returned again, to be as immediately and as effectually checked. Again and again did the bleeding return, but on each occasion after a longer interval, the same result invariably occurring as a consequence of the "ready method" I adopted.

I have not had a second opportunity of employing this form of shower-bath for hæmorrhage after labour, but have recommended it to others with the same happy results as it experienced in my own hands; and so much confidence have I come to repose in its power of controlling post-partum hæmorrhage, that I would not now face the dangers of the lying-in room unfortified with the syringe and a basin of water at my side.

The advantages I bespeak for my "ready method" are these:—

1. By having it at the bedside beforehand, the accoucheur and those in attendance are relieved from the embarrassment, the confusion, and the alarm so commonly experienced on the supervention of a rush of blood from the uterus after labour.

2. The mind of the young and inexperienced practitioner is quieted by the reflection, "Come what may, I am armed for the conflict."

3. The remedy is not only at hand, but is of instantaneous application. The syringe, being kept loaded, can be slipped beneath the bedclothes, and discharged into the vagina with the rapidity almost of thought.

4. Addressed to *suitable* cases, I am not conscious of any risk attendant upon the use of the syringe.

In *suitable* cases. What these are not has been eloquently pointed out by Dr. Barnes in his paper. To meet a case of post-partum hæmorrhage, accompanied with *collapse*, with the application of cold at all, and, still less, associated with the shock inseparable from the mode of administering it I have pointed out, would be a dangerous, perhaps a fatal mistake. But in all cases in which we may fairly calculate upon the continued existence of the vital contractility of the uterus, as guaranteed by the state of the pulse and general condition of the patient, I should myself administer the remedy with confidence. In saying this, the young practitioner will not fail to keep in mind that we have a weakened and greatly *attenuated* organ to deal with; so that, while promptitude on the one hand is indispensable, he must guard himself against violence on the other.

At the outset of these observations I particularised that it was not my present object to canvass the merits of Dr. Barnes's remedy, neither is it to discuss the relative advantages of other modes of treatment. I should feel the utmost confidence in the injection of the perchloride of iron in these cases, and, with your readers in general, cannot feel too thankful to Dr. Barnes for the valuable suggestion he has afforded us. Those who were not present at the reading of his paper would have been glad if your report had particularised the strength of the solution which he recommends.

I am, Sir, your obedient servant,

M. BROKE GALLWEY,
Staff Surgeon-Major.

Liverpool, Dec. 22nd, 1869.

THE MEDICAL OFFICER OF TEDDINGTON.

WE regret to learn that a charge of neglect brought against Mr. Clement, the medical officer of the Teddington district, has induced the Kingston Board of Guardians to pass the following resolution at their meeting on December 28th, *apropos* of a letter of explanation sent by that gentleman:

"That a copy of the letter should be forwarded to the Poor-law Board, with a request that they should discharge him from his duties, inasmuch as the Board were of opinion that they would be unable any longer to act with Mr. Clement as an officer of the Board."

We are content to await the decision of the Poor-law Board, who will, no doubt, cause an investigation into the circumstances of the case to be made. The case was one of apoplexy, the patient living two days after the attack, and the charge made was that Mr. Clement had not seen the patient more than once, although in the weekly return he was stated to have done so twice.

X. Y. Z.—"A certain knowledge in Arts" implies such knowledge as is possessed by the average student on matriculation. Our correspondent is quite right.

COTTAGE SYSTEM *versus* HOSPITALS IN LUNACY.

To the Editor of THE LANCET.

SIR,—I was in no small degree surprised to read in your article of Jan. 1st which comments on the late meeting of the Medico-Psychological Association held in Edinburgh, the statement that the paper on the Cottage System of the Management of Lunatics read by me ignored the great question as to whether lunatics of all classes should be congregated under one roof and one management. This statement must have resulted from the fact that the meagre newspaper report had alone come under your notice; for on reference to the paper published in the January number of the *Journal of Mental Science*, you will see that it contains suggestions for the elaboration and improvement of the cottage system—suggestions which, if acted on, would, I humbly conceive, relieve asylums of a large proportion of the harmless and hopeless patients, and so diminish the heavy burden of providing further asylum accommodation under which counties and districts are now groaning.

My opinions are pretty freely expressed in the paper; but I feel induced to express them even more fully here. They are as follows:—1st. That a large number of patients are *sent* unnecessarily to asylums. 2nd. That a large number of patients are *detained* in asylums who might be provided for elsewhere, and at a smaller cost. The first class consists of the very aged, the moribund, and those who are simply weak-minded. Such cases could be treated sufficiently well in poorhouses, hospitals, or at home. I fear there is a growing tendency to send to asylums cases which show the *slightest* indication of mental alienation, in order to avoid trouble and annoyance. The second class consists of those who, after a certain term of treatment, are found unamenable to medicine, and who remain hopeless but harmless dements. It is this class which overburdens our hospitals for the insane—a class which might well be provided for under a cottage system, *did such a system exist*. The main object of my paper was to suggest a system for the boarding out of patients, which would secure to them, through medical supervision, good diet, proper care, and adequate attention.

Excuse me if I say that you have mistaken the purport of my paper, which was written in the hope that its suggestions might tend to keep down the overgrowth of asylums. In it I stated my opinion that "large asylums were national misfortunes, unbeneficial alike to the patient, the ratepayer, and the physician." I refer you to the January number of the *Journal of Mental Science*, and trust that a perusal of my paper *in extenso* will enable you to do me justice as a liberal alienist—one who holds a strong conviction that the treatment of a large proportion of our pauper lunatics might be made more economical and liberal than it now is.

I am, Sir, your obedient servant,

JOHN B. TUKE.

Fife and Kinross District Lunatic Asylum, Jan. 3rd, 1870.

*** Our article was written long before the January number of the *Journal of Mental Science* appeared, and from the same report of the meeting the Medico-Psychological Association which is published in the Appendix to that number of the *Journal*. If that report be (as Dr. Tuke characterises it) a "meagre newspaper report," it is, nevertheless, accepted republished "by the authority of the Medico-Psychological Association. On referring to it, we cannot see that our original impression as to Dr. Tuke's paper could well have been different from what we represented it to be; while we still maintain our opinion that in the discussion which followed no reference whatever was made to the controversy (started by Sir James Simpson) as to the hygienic evils peculiar to hospitals in general. We regretted the silence of Dr. Laycock on the subject, and we should like to have had the opinions of other members of the Association as to the relevancy of Sir James Simpson's view to asylums. Instead of this, we got what we termed "some interesting experience" of Dr. Tuke's on the life of lunatics in cottages; and we could not infer from the criticism which that "experience" called forth that his paper was more than what it entitles itself, "The Cottage System of the Management of Lunatics." While seeing no ground for Dr. Tuke's "surprise" at our comments, we are ready to admit that the extended report of his paper touches the great Hospital question raised by Sir James Simpson at several points, and that on its own account it deserves careful perusal and consideration. Dr. Tuke shows himself to be the "liberal alienist" he aspires to be; and when we have occasion to criticise him in future, we trust it will be from some fuller text than a "meagre newspaper report."

Mr. Thomas Moore.—We believe that the Apothecaries' Society would assist in prosecuting such an offender against the Apothecaries Act. If proscribing and visiting can be made out clearly against the druggist, Mr. Moore should communicate with the Society.

Hibernicus.—No.

Physician will see that the subject is noticed elsewhere.

THE MEDICAL STUDENT OF THE FUTURE.

THE London correspondent of the *Liverpool Albion* thus describes and comments upon the recent Preliminary Examination held by the College of Surgeons of England; and as his perfectly unbiased remarks may be useful, both as affording testimony to the condition of the medical student of the future and in giving some useful hints, we are happy to reproduce them:—

"From nine till ten o'clock A.M. on Wednesday, the sight in Arundel-street was a positively exciting one. The street in front of the Whittington Club was blocked by nearly 400 of as fine and respectable-looking lads as one could see at the best of our public schools. Each was provided with his card, and with two pounds sterling to pay to the treasurer of the College. Most of them were taking an anxious last look at some book, or some manuscript notes. By ten they had all been admitted, and been duly seated with the first of the examination papers before them. Those —and they were the vast majority—who went in for the Arts examination required in the case of members of the College, had a written examination on seven subjects to do. The more ambitious minority, who submitted themselves to the preliminary test of general knowledge required in the case of Fellows, had to do ten papers. The result—i. e., the fate of the candidates—will not be officially known for a month to come; but during lunch time, and at the time of breaking up on each of the three days, anxious 'parents and guardians,' and not a few 'conches,' waylaid the students in order to look at their papers, and from these and the answers to prognosticate the chances of those in whom they were interested. It is said that the conduct of the lads was excellent, and it is believed that, as a rule, the answering was good. As a hint to those of our young readers who may be thinking of entering the medical profession, I would say that if they go up for the Arts examination under the Board of the College, they ought to prepare themselves in the subjects required for Fellowship. The reading will not be much more, and their doing what I suggest will save them an immense deal of trouble in after years, when they are about to apply for the degree of Fellow."

THE COMPOSITION OF CHLORODYNE.

MR. EDWARD SMITH, F.C.S., has recently made some elaborate chemical examinations of Collis Browne's chlorodyne, and has come to the conclusion that none of the formulæ at present published are correct. He gives the following:—

Chloroformi,	f. ʒiv.
Morphiæ mur.,	gr. xx.
Æther. rectif.,	f. ʒij.
Ol. M. pip.,	mviij.
Acid. hydrocy. dil.,	f. ʒiv.
Tinct. capsici.,	f. ʒvj.
Mist. acaciæ,	f. ʒj.
Theriacæ, ad.	f. ʒiv.
Misce.	

This is not so dark as the original, which contains caramel; but as this has no medicinal or other value, it is omitted, and the required volume made up with treacle. Mr. Smith does not find any belladonna or Indian hemp in chlorodyne. The above analysis will be found in the *Pharmaceutical Journal* for the current month.

"THE CHARITY OF A PROFESSIONAL BROTHER."

To the Editor of THE LANCET.

SIR,—I do not complain of your critique on "a recent inquest," seeing you are not in possession of the facts; but I will complain if you do not honestly insert my explanation.

You say "thereupon I thought fit to send a letter to the coroner." I left a message for Dr. Irvine to call upon me on his way home, having to pass my door. This he did not do. I waited twenty-five hours before writing to the coroner; and being, as you say, "a practitioner of nearly thirty years' standing," I think it was the duty of the junior to seek me. There was great suspicion connected with the case, which you ignore, as also its pathological aspect, and do your best to make it a matter of personal quarrel; whereas Dr. Irvine's name being introduced into the case was accidental. On this head it is enough to say that a deputation of medical men, connected with a Society of which Dr. Irvine is a member, waited on me, and, on delivering their report, a resolution of satisfaction with my conduct and explanation was passed, with *one* dissentient, Dr. Irvine being present. So, to use a stage term, "not so bad as we seem," but your constant reader,

January 5th, 1870. EDWD. L. FALLOON.

EUROPEAN TROOPS IN INDIA.

A NON-MILITARY correspondent, who has resided twenty years in India, writes to us to express his warm approval of the suggestions we made last week concerning the location of European troops in India. He says:

"In August last I was in correspondence with the Secretary at War, giving him the result of twenty years' residence in the East, from which I pointed out the absurd folly of ever keeping any single European soldier resident in the plains beyond three months in any one year. This is practicable to the fullest extent, owing to the extension of railways, which, where not already existing, may be made at small cost to the nearest hill stations from the main lines now in existence. Nothing more than a company, increased according to the importance of the position, from each regiment, with its complement of officers, need ever be in the plains at one time, with periodical reliefs. The telegraph communication from each station to the hills would at once enable the commanding officer to concentrate a large body of troops, *in the greatest possible efficiency*, at any given point. The soldiers on the hills, in addition to their drills and ordinary duties, should be engaged in agriculture and horticulture as much as possible; and, for manuring purposes, Moule's dry-earth system should be introduced at every station. They should also be employed in making roads, as the smell of the earth as well as the labour will keep them in health. In many stations the difficulty will be in raising a sufficiency of water for use. Being only a civilian, and not an engineer, I can only suppose that difficulty to be overcome by steam power. There is scarcely a district in any part of India where such an arrangement may not be carried out, and none but those who have seen the wretched condition of the troops in the plains from disease, climate, and drink, can appreciate the enormous saving such an arrangement would make."

A CORRESPONDENT directs our attention to a disingenuous insinuation contained in one of the letters of "An Englishwoman." A sentence in her letter runs: "It is but too true that there are instances on record of medical officers and the police being actually in the pay of the prostitute." The next sentence but one commences: "A faithful study of the Reports of the War Office." It is, therefore, quite clear that in the public mind the profession in England and abroad might have been alike included, which, it is needless to say, would have been grossly incorrect.

Mr. A. L. Mackaye, (Ardgay.)—The communication shall be inserted in an early number.

Capilla.—There is no remedy that can be relied upon to prevent the greyness. Tonics and dyes are alone of any use. The chloride-of-gold wash is composed of a drachm of solution of perchloride of gold, to about six drachms or an ounce of water.

M. Ballot (of Rotterdam) writes to call our attention to the fact of his name having been misspelled "Bellot" in the number for Aug. 7th, p. 203, of the last volume of THE LANCET—an error for which we beg to express our regret.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme, Edinburgh; Sir Wm. Jenner; Dr. Letheby; Dr. S. Wilks; Dr. Dryndale; Dr. Ogle; Dr. Elam; Dr. Henry Stevens; Dr. Edward Meeres; Dr. More; Mr. Emmis; Dr. Tuke; Mr. Hayward; Dr. Barnes, Ewell; Mr. Woolcott; Dr. Bowden, Devonport; Mr. Arthur Gamgee; Mr. Adams, Ipswich; Mr. Lawrence, Wandsworth; Mr. S. Henson; Mr. Birt; Miss Garrett; Dr. Bruce, Kidsgrove; Mr. Gooch; Dr. Falloon, Liverpool; Mr. Frost; Mr. Brooks; Dr. Mackesy, Waterford; Dr. Hollis, Yarmouth; Mr. Green; Dr. Hill, Newport; Dr. R. S. Smith; Mr. Mackaye, Ardgay; Dr. Phillips; Mr. Burgess; Dr. Fairbank, Windsor; Mr. Pooley; Dr. Clarke, Lynton; Dr. Manford; Dr. Alexander; Dr. Wollaston; Dr. Davies, Pontypool; Mr. Herbert; Mr. T. Moore, Stockport; Mr. Pryce Morris, Bedford; Dr. Arnison, Carlisle; Mr. G. Walters, Clifton; Mr. Harrison, Walsall; Mr. Sloane; Mr. W. Smith, Hollinwood; Dr. Hewitson; Mr. Waddell; Dr. Pughe, Machynlleth; Mr. Mullins, Newry; Mr. Danvers, Ealing; Mr. Humphreys, Berkeley; Dr. Sutherland, Castletown; Mr. Morgan; Dr. Wallace; Mr. Wemyss; Dr. M'Mahon, Roscrea; Mr. B. Thurstan; Mr. Benson; Mr. Granton; Dr. Dudgeon; Mr. Grant; Mr. Watkins; Mr. W. Harnett, Bitterne; Dr. Waters, Liverpool; Mr. W. England; Dr. Snelling, New York; Mr. H. Richard; Mr. Hodges, Birmingham; Mr. Wales; Dr. Pirrie; Mr. Bayley; Dr. Scobell; Dr. Ross, Ballykelly; Dr. Drury, Bishopwearmouth; Mr. Nicholls, Chelmsford; Dr. Curran; Mr. Lewes; Dr. Reynolds, Arlington; Dr. Stuart Munro; Dr. Speedy; Dr. Rawson, Bradford; Mr. Foster, Roslyn Castle; Dr. Jones, Dolgelly; Mr. Eames; Dr. Edgerton, Middletown, Connecticut; Mr. Meymolt, Ludlow; Dr. Clayton, Oswaldtwistle; Mr. Leigh; Dr. Michael, Saluggia; Dr. Maclachlan, Newcastle; Mr. Farrow, Ingham; Mr. Wheeler, Stowe; Mr. Rose; Dr. Hall; Mr. Porter; Mr. Knowle; Mr. Stabbs, Shipston; Dr. Allbutt; Mr. Palmer, Oxford; Mr. Wright; Dr. Ballot, Rotterdam; Dr. Felce; Dr. Squarey; The Treasurer of St. Bartholomew's Hospital; The Secretary of the Epidemiological Society; H. S.; Dubitans; Pater; J. C. M.; Medicus; The Secretary of the Medical Club; Nemo; X. Y. Z.; Royal Microscopical Society; Studens; X., India; Hibernicus; M. B.; A Medical Student; M.R.C.S.; A Subscriber; L. M.; A General Practitioner; L.S.A.; Alpha; Inquirens; W. J. F.; Paterfamilias; G. W. D.; T. J.; M. M.; &c. &c.

Brighton Gazette, Staffordshire Sentinel, Co-operator, Lincoln Mercury, Chicago Medical Investigator, Scarborough Gazette, Downpatrick Recorder, British Journal of Dental Science, Northampton Mercury, Retford News, New York Medical Gazette, Dorset County Express, Parochial Critic, Bulletin de Statistique Municipale, American Journal of Syphilography and Dermatology, Journal of Mental Science, and *Brighton Guardian* have been received.

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